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New York

President: Mr. Ashe .... (Antigua and Barbuda)

In the absence of the President, Mr. Oyarzun Marchesi (Spain), Vice-President, took the Chair.

The meeting was called to order at 3.05 p.m.

Agenda item 118 (*continued*)

Follow-up to the outcome of the Millennium Summit

High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

Mr. Carlson (Sweden): Sweden aligns itself with the statement made by the Commissioner for Health and Consumer Policy of the European Union on behalf of the European Union (EU) and its member States (see A/68/PV.100).

It has been three years since we first met in this Hall to address the prevention and control of non-communicable diseases worldwide (see A/66/PV.3), three years since we adopted our Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), and three years during which we locally, regionally and globally have worked in the spirit of that Declaration. It is now time to review our progress.

Looking at the global level, Sweden warmly welcomes the impressive work that has been done by the World Health Organization (WHO) and its member States. A comprehensive non-communicable-disease framework has been put in place consisting of a global monitoring framework, a new Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, a United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and a global coordination mechanism. That framework has all the necessary building blocks for us to take action. Now we must focus on implementation.

As the leading normative health agency, the WHO will have a key role to play in guiding, monitoring, coordinating and supporting us, but ultimately it is we — Member States — who must lead the response and engage the necessary actors and sectors of our societies. In our responses, we need to focus on health promotion and disease prevention. Therein lies a great potential for global health gain and for reduced health inequalities between and within countries.

I wish to share with the Assembly some examples of how Sweden has addressed non-communicable diseases in recent years. Starting with the risk factors, the Swedish Parliament in 2011 adopted a cohesive strategy for alcohol, narcotic drugs, doping and tobacco policy. The strategy specifies the goals, objectives and policy direction and covers a range of areas from local preventive actions to measures designed to limit supply, the fight against drugs, care and treatment, alcohol and tobacco supervision, and EU and international efforts.

Secondly, in 2011, we also introduced national guidelines for methods of preventing disease across the health-care system. The guidelines provide recommendations for methods of preventing disease by supporting patients in their efforts to change unhealthy

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lifestyle habits linked to their non-communicable-disease risk factors.

Last but not least, early this year my Government launched a four-year strategy to prevent and treat chronic diseases. The strategy emphasizes the need to work with patient-centred and evidence-based care and prevention and early detection. Importantly, it was developed in consultation with representatives of patients and their professional organizations and health authorities.

But action at the local and national levels is not enough. We need a strong global commitment. The new agenda for the post-2015 sustainable development must therefore address the need to reduce exposure to risk factors, thereby decreasing the incidence of non-communicable diseases. That will be an important part of an overarching goal of ensuring improved healthy life expectancy.

To conclude, let me reaffirm Sweden's commitment to our continued common work to prevent and control non-communicable diseases.

Mr. Meron (Israel): I am grateful and honoured to have the opportunity to address the General Assembly on behalf of Israel on some of the diseases that exact the highest toll on our societies.

Non-communicable diseases are at the top of the morbidity and mortality figures throughout the world. That is a source of serious concern — one that challenges us to constantly update our approach and seek the most effective interventions. The leading causes of non-communicable diseases can be found both in our lifestyles and our environment, and any effective public health policies must address both. The fight against non-communicable diseases must be a society-wide effort, mobilizing the public and private sectors, as well as civil society. The international community too can and should play an important role in helping countries reach global and national health targets.

Israel has achieved remarkable successes in the fight against non-communicable diseases. We have done so by allocating the appropriate resources to that battle and by establishing efficient cooperation between the national Government and the local authorities. In 2011, the Government of Israel established a comprehensive national health-promotion programme with specific targets for the years to come, and allocated budgets accordingly. We found that setting concrete benchmarks and goals is the most effective way to lead the deep societal change that is required to fight this epidemic.

Public-health experts work closely with the Ministries of Education, Environment and Welfare on this specific topic. We cooperate with the private sector, academia and civil society to conduct national awareness campaigns on public-health matters. Several public-sector organizations work in concert to achieve national targets in specific areas of concern, such as cancer, diabetes, cardiovascular diseases and health in the workplace. In the area of nutrition, for instance, the Ministry of Education is expected to pass legislation this month banning the provision and sale of unhealthy foods in schools, and our leading television network is helping protect children from junk food marketing.

We are also working to reduce salt content in packaged foods by 20 per cent in five years, move nutritional labels to the front of food packages and provide nutritional information at restaurants as well. We use fiscal measures to incentivize the purchase of healthy foods and disincentivize unhealthy ones. We are also making progress in promoting physical activity. The performance of municipal administrations is now evaluated in part on the basis of their ability to increase the number of residents engaged in daily physical activity.

Israel also views the campaign against smoking as a key component in the fight against non-communicable diseases. Through tax increases on tobacco products, free smoking-cessation plans and increased enforcement of smoking bans in public places, we prevented 2,000 unnecessary deaths in 2013 alone, and our population currently counts more past smokers than current smokers. The public health-care system plays, of course, a central role in this effort. Health-care providers and insurers are now evaluated also on their preventative-care efforts — be they screening for cancer or encouraging patients to adopt healthier lifestyles.

Israel is proud to share its expertise with our development cooperation partners. MASHAV, our Agency for International Development Cooperation, worked with our partners just recently in Kenya to fully renovate and re-equip the oncological hospital for children at the Kenyatta Hospital in Nairobi and recently inaugurated this important centre. Israel is also joining the Grand Challenges in Global Health initiative aimed at fostering scientific and technological innovation to solve key health problems in the developing world. The programme offers grants of up to $150,000 to entrepreneurs and innovators who come up with solutions to global health and food-security challenges in developing countries. We also continue to partner with the Hebrew University of Jerusalem to offer dedicated scholarships for students from developing countries to attend the University's Master of Public Health programme. Our former Prime Minister, Golda Meir, famously said that she never accomplished anything alone and that all her successes were achieved collectively.

Israel highly values its continued collaboration with the international community on public-health matters. We are proud members of the World Health Organization European Regional Office, and we were honoured to host one of its meetings recently. We are also preparing to welcome our colleagues from the Organization this upcoming November for a meeting on the environment and health. We look forward to continuing our joint work towards a world free of the scourge of non-communicable diseases.

Mr. Hu Hongtao (China) (*spoke in Chinese*): The Chinese Government has responded proactively to the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), adopted during the sixty-sixth session of the General Assembly at the 2011 High-level Meeting on the Prevention and Control of Non-communicable Diseases (see A/66/PV.3). In 2012, 15 ministries and commissions jointly issued the National Programme for Chronic Disease Control and Prevention (2012-2015). The Programme established prevention and control objectives and stipulated the division of labour among departments. China is on track to achieve the Programme's objectives by 2015.

China has always followed a strategy of stressing prevention while combining prevention and control to make progress in the comprehensive prevention and control of non-communicable diseases (NCDs). First, we have stepped up measures to address risks for chronic diseases so as to tackle their root causes. Relevant departments have launched a series of joint initiatives in environmental management, tobacco control, physical education and exercise, nutrition improvement and health education.

Secondly, we have greatly increased the public's awareness of the prevention of chronic diseases so that it may be incorporated into their daily life. We have made significant efforts to promote healthy lifestyle for all and health literacy for all campaigns to mobilize society to participate in mass prevention and control endeavours.

Thirdly, we have shifted our focus to early diagnosis and treatment. Years of practice have shown that early diagnosis and treatment of certain cancer types, such as oesophageal cancer and colorectal cancer, have produced significant results.

Fourthly, we have instituted standardized management at the community level. We have included health services for hypertension and diabetic patients and of the elderly among our national basic public health services, which are provided free of charge by primary health care institutions to urban and rural residents.

Fifthly, we have increased fiscal spending on an annual basis and established a chronic-disease monitoring system that contains evaluation indicators for variables such as incidence, prevalence, death and risk factors. The data gathered through the monitoring system provides the basis for our science-based evaluation and policymaking.

Sixthly, we have included the prevention and control of NCDs as an important part of the efforts to build healthy cities throughout the country. and of regional health initiatives. At the national level, we have built demonstration areas for comprehensive prevention and control. There are now 140 national demonstration areas in 30 provinces, which serve as models for the rest of the country.

China has actively engaged with international partners on the prevention and control of NCDs. We have conscientiously implemented the World Health Organization Framework Convention on Tobacco Control. We have cooperated with the World Health Organization, the Governments of the United States and Luxembourg, non-governmental organizations and the private sector on implementing projects, such as the smoke-free workplace and a reduction in salt intake. We have also worked with Brazil, Russia, India, China and South Africa and the mechanisms of the Association of Southeast Asian Nations plus China, Japan and the Republic of Korea on the prevention and control of NCDs. In addition, we have provided medical assistance within our ability to other developing countries through initiatives such as our long-time practice of dispatching medical assistance teams.

China currently faces the dual challenges of communicable and non-communicable diseases. In general, our population has a low awareness of self-protection. People have little knowledge about NCDs. We also need increased financial and public health policy support. China will continue to focus on Government leadership, multisectoral cooperation and the participation of society. We will follow the three principles of stressing prevention, combining prevention and control and giving preference to efforts at the grass-roots level in order to stop the spread of NCDs.

NCDs pose a serious threat to human health and a grave challenge to global economic and social development. Such diseases are one of the key impediments to achieving the Millennium Development Goals. In that regard, I would like to make the following proposals.

First, the primary responsibility of Governments in tackling the challenges related to NCDs should be further emphasized. Health should be incorporated into all social policies. in In particular, departments that are not health-related should include the health issue in their policies. Multisectoral cooperation and coordination mechanisms should be established.

Secondly, the international community should coordinate actions, integrate the prevention and control of NCDs into the post-2015 development agenda and urge transnational corporations to support and participate in the prevention and control of NCDs.

Thirdly, the leading role of the WHO in the global prevention and control of NCDs should be fully exploited. Developed countries are encouraged to increase their financial and technical support for developing countries so that the global capacity to prevent and control of NCDs can be steadily improved.

China stands ready to participate in global prevention and control of NCDs in a more active and comprehensive manner, and work closely with other Member States in our joint efforts to address the challenges posed by NCDs.

Mr. Patriota (Brazil): I wish to commend the President for having organized this important High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs). I also wish to thank the Secretary-General for transmitting the insightful report of the World Health Organization on this issue (A/68/650) and to congratulate the Permanent Representatives of Belgium and Jamaica, who facilitated the consultations that led to the comprehensive outcome document that we adopted this morning (resolution 68/300).

Brazil aligns itself with the statement made earlier today by the representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100) and would like to make the following comments in its national capacity.

Three years ago, the General Assembly took a decisive step in the fight against non-communicable diseases, as we placed the issue on the global agenda by adopting, at the highest level, the Political Declaration of the High-Level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). The Declaration reaffirms our collective will to tackle the burden of NCDs and their socioeconomic impacts, especially on developing countries. Since then, much progress has been achieved.

At the international level, we acknowledge the dedicated efforts of the World Health Organization, under which we have achieved the Global Action Plan for the Prevention and Control of NCDs 2013-2020, the global coordination mechanism and the comprehensive global monitoring framework. We have also established the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, whose terms of reference have recently been endorsed by the Economic and Social Council.

Similarly, at the national level, there are advances to be acknowledged. Many more countries than in 2011 now have national plans and policies to combat NCDs, as well as specialized Government branches to implement such programmes. In my own country, in 2011, the Government adopted a strategic action plan for addressing NCDs for the period until 2022, which contains detailed actions to tackle each of the four major risk factors for NCDs. Thanks to that strategic action plan and the increasing investment in the health sector, Brazil has been experiencing positive results.

However, as we begin this first review of the progress achieved since 2011, we must recognize that many challenges remain, specifically in the areas of monitoring and vigilance, the strengthening of health systems, including capacity-building and access to medicines, multisectoral engagement and financing. Monitoring and vigilance are vital elements in the fight against NCDs, as they allow Governments and other stakeholders to become aware of the magnitude, distribution and trends of non-communicable diseases and therefore to effectively draw up and implement public-health policies.

As we continue to strive to enhance national monitoring mechanisms in line with the World Health Organization targets and indicators, we must also focus on strengthening health systems. It is equally important to address the social determinants of health and to take into account the implications of the conditions in which people are born, live, work and age, which, in many cases, are shaped by the distribution of wealth and resources at the global, regional, national and local levels. In that regard, the experience in Brazil has demonstrated that universal health systems, with a particular emphasis on primary health care, constitute an efficient means of providing access to health services and to reducing inequalities.

In the light of the high incidence and prevalence of non-communicable diseases and the enormous costs associated with their prevention and treatment, universal access to medicines, diagnosis and other technologies is also of paramount importance. In that regard, it is vital to undertake efforts to reduce prices and to put in place policies designed to expand the availability of safe and affordable medicines, including generic drugs. We welcome the fact that the outcome document of this high-level meeting recognizes the importance of the issue and reaffirms the right of countries to use, to the full, the legally recognized flexibilities of the World Trade Organization for the protection of public health. In that connection, I would like to mention in particular the Declaration on the TRIPS Agreement and Public Health.

The engagement of sectors beyond the health sector is another essential component of the campaign against non-communicable diseases. As we discuss the formulation of the post-2015 development agenda and progressively acknowledge the role of non-State actors in addressing development issues, we must rightly expect and demand more transparency, accountability and commitment from the private sector, philanthropists and non-governmental organizations.

In Brazil, the Government has made agreements with the food industry to eliminate the use of trans fats and to reduce the levels of salt in foods. Such initiatives are good examples of how the private sector can contribute to the prevention and control of NCDs. We expect them to be replicated and intensified at all levels.

A word must be said about the fight against tobacco use, which is the most dangerous modifiable risk factor for NCDs. Government regulatory action to prohibit the advertising of tobacco products and to raise awareness about the risks associated with smoking through graphic warnings on cigarette packets has had a great influence in Brazil and elsewhere in reducing the prevalence of non-communicable diseases.

Finally, we must also stress the importance of continuing to enhance international cooperation in order to finance and support national efforts for the prevention and control of NCDs. In that regard, while we are encouraged by the call made in the meeting's outcome document for the Development Assistance Committee of the Organization for Economic Cooperation and Development to consider developing a purpose code to allow improved tracking of development assistance for the prevention and control of NCDs, we continue to urge international donors to fulfil their official development assistance commitments.

Brazil is convinced that the revised Political Declaration provides a firm basis for the international community to redouble its efforts to achieve further progress in the fight against non-communicable diseases, as well as a solid reference for us to promote the future we want free of non-communicable diseases.

Ms. Hamburg (United States of America): Today we have come together to reflect on our progress since the 2011 High-level Meeting on the Prevention and Control of Non-communicable Diseases (see A/66/PV.3) to share national experiences and chart a collective path forward to reduce the preventable occurrence and impact of non-communicable diseases (NCDs).

The United States is pleased with the outcome document (resolution 68/300) just adopted and we appreciate the work of the co-facilitators in that regard. We acknowledge the importance of the continuing leadership of the World Health Organization (WHO) and look forward to greater action globally and at national levels to move that important agenda forward.

In our country today, chronic diseases such as heart disease, cancer, stroke, respiratory diseases and diabetes account for seven out of 10 deaths, cutting lives short by decades, often after prolonged disability or reduced quality of life. NCDs limit the activities of millions of people and cost our economy billions every year, accounting for 75 per cent of our nation's health spending.

Under President Obama, the United States has made tackling chronic disease across the lifespan a major priority. Through the Affordable Care Act we are expanding access to key preventive services, addressing modifiable risk factors, and making treatment and care more affordable for millions of Americans. Creating a foundation for health goes beyond actions in a clinic or doctor's office. By working to address factors that influence our health, guided by our multisectoral national prevention strategy, our nation is moving from a focus on sickness and disease to a focus on wellness and prevention.

We are accelerating efforts, for example, to end the tobacco epidemic, our leading cause of preventable death and a major source of chronic illness and disability, through our implementation of the Family Smoking Prevention and Tobacco Control Act. Five years ago, President Obama signed that historic legislation granting the Food and Drug Administration new responsibilities and authorities to regulate the manufacture, marketing and distribution of tobacco.

Public tobacco prevention campaigns, such as "Tips from Former Smokers" and "The Real Cost", are raising awareness of the long-term health effects of smoking and are successfully encouraging people to quit. We launched the Tobacco-Free College Campuses Initiative, a public-private partnership with universities, colleges and the public-health community to promote tobacco-free policies at institutions of higher learning. As of April, over 1,300 campuses were smoke-free, and many are also prohibiting the use of electronic cigarettes.

The United States continues to advance strategies to reduce hypertension and prevent heart disease and strokes. One way we do that is through the Million Hearts campaign, a national initiative announced around the 2011 High-Level Meeting. The initiative aims to prevent 1 million heart attacks and strokes in the United States by 2017 by aligning the efforts of public and private partners from across the country.

We all know that issues of improved nutrition are vital to reducing the burden of chronic disease. Through multisectoral engagement, we are continuing to work to reduce trans fats in processed foods and updating nutrition labelling to provide consumers with important information to make sensible, healthy food choices. The First Lady's Let's Move! initiative is giving legs to the 2010 report of the White House Task Force on Childhood Obesity by catalysing action across multiple sectors of society, from parents and caregivers to local community leaders, faith leaders, chefs and schools. Those comprehensive efforts are starting to bear fruit, as we are actually seeing reductions in childhood obesity rates in certain United States jurisdictions.

We also continue to incorporate a chronic-disease focus in our research and global health programmes. Building on the recognition that what gets measured gets done, we are providing technical assistance to build partner countries' capacity to monitor and measure NCDs and their risk factors, including through the Global Tobacco Surveillance System and through demographic and health surveys.

By fostering a network of collaborating centres of excellence and joining forces with other leading health researchers and funders, we are also working to build NCD research capacity in low- and middle-income countries and support collaborative research on sustainable programmes. As country Governments develop and begin to implement national action plans, the United States looks forward to continuing to engage in technical cooperation and knowledge exchange.

In addition, we believe that public-private partnerships, like the Global Smoke-free Worksite Challenge and many of the other initiatives I have highlighted today, serve as a strong example of how Government, civil society and the private sector can work together. Such partnerships reflect our belief that all segments of society have a role to play in turning the tide of chronic disease. The World Health Organization global coordination mechanism needs to serve as a key platform to catalyse and sustain such multi-stakeholder efforts. We must harness the expertise and commitment of civil society and private-sector actors in order to create and maintain environments that will promote health and reach our ambitious, but achievable, voluntary global targets on NCDs.

The United States remains committed to working with multiple stakeholders to address the growing burden of NCDs. We look forward to engaging international partners across sectors in implementing evidence-based strategies and together building healthier communities.

Ms. De Camillis (Italy) (*spoke in French*): In this Hall, I convey the greetings of our Minister of Health, Ms. Beatrice Lorenzin, who could not be present today.

This meeting is extremely important, not only as an opportunity to consider and assess the progress achieved in the implementation of the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), but also because it represents an opportunity to reiterate and strengthen our resolve to fight against non-communicable diseases, which constitute a serious threat to social and economic development throughout the world. A healthy society produces more and costs less. Italy reaffirms its strong commitment to reducing the impact of non-communicable diseases on the population.

Our country has decided to give priority to fighting against risk factors and to strengthening positive factors. The Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 of the World Health Organization has confirmed the validity of our approach and strengthened our commitment to undertake efforts to consolidate the results achieved so far. In 2007, the Italian Government adopted a national programme called "Gaining Health: Making Healthy Choices Easier", which advocates a multisectoral approach to health in all policies. Our national prevention plan, the third version of which we are adopting, is also based on the strategic approach of Gaining Health. As a demonstration of our commitment to non-communicable diseases, the new plan's primary guidelines for action are prevention, screening and early diagnosis of those diseases through strategies and objectives that address the majority of underlying determinants.

I would also like to recall that Italy was the first European country to adopt legislation governing smoking in public institutions and in the presence of children or pregnant women. The law prohibits the sale of cigarettes to minors. The sale of alcoholic beverages to minors is also prohibited.

Scientific research and the increased disclosure of its results have made the populations of industrialized countries aware of the close link between food and health. Adjustments to the diet can not only affect the current health of a person but also contribute to determining whether diseases such as cancer, cardiovascular diseases or diabetes develop over time. Italy actively promotes the traditional Mediterranean diet on account of its positive impact on health and encourages producers to maintain the excellent quality of our products.

Moreover, I am proud to underscore that the Mediterranean diet is part of the UNESCO world heritage. According to the Italian Government, we should interact with industry. In that regard, I would like to recall that, through an ongoing and constructive dialogue with the food industry, there have been positive results in the elimination of trans fats and a 5 to 15 per cent reduction of salt in some foods.

I wish to express my appreciation for the work carried out by Member States during the negotiations of the Political Declaration on the Prevention and Control of Non-communicable Diseases thanks to the facilitation of the Permanent Representatives of Jamaica and Belgium. In general, the content of the document, in particular with regard to seeking a commitment to health promotion and the prevention of non-communicable diseases throughout the life course, supports an intersectoral approach.

Regarding the reduction of specific foods, such as sugars and fats, in our view identifying numerical targets alone is not sufficient. The demons that we must combat are not the individual ingredients but bad habits. There must be education about the correct quantity and various portions. Similarly, I believe it to be appropriate to avoid food evaluation systems on the basis of descriptions of nutrients or, worse still, diagrams that unjustifiably focus on the composition of the individual food product irrespective of the manner and frequency of consumption. In line with the soundest scientific guidance, Italy has always believed in the importance of the composition of the diet as a whole. However, I am puzzled about the approach of tax increases, since that could bring about a change in consumption in favour of foods of low nutritional value.

In the light of such beliefs, I affirm Italy's full readiness to work for the achievement of the objectives of the Political Declaration. At the same time, I also underscore the need to take the factors that I just have mentioned into account. Information must be simple and understandable. It must inform behaviours and healthy choices without setting specific limits. It is necessary to take as a reference point the primary role of lifestyle-based interventions, including combating physical inactivity, to reject data that are not supported by scientific evidence, and to involve the public by placing them at the forefront and making them aware of their choices through awareness-raising programmes.

In conclusion, we believe that a multisectoral approach in all policies is the secret to overcoming non-communicable diseases. We are committed to pursuing the goals to overcome the challenges proposed by the documents of the World Health Organization, together with the participation of the private sector. In that regard, the outcome of this meeting will be an important stage that should not be overlooked on our fundamental path towards the well-being of humanity.

Mr. Takyan (Islamic Republic of Iran): At the outset, I would like to align my delegation with the statement made earlier today the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100). I would like to offer my sincere appreciation to the Permanent Representatives of Belgium and Jamaica for their careful facilitation of the negotiations on the outcome document that we have adopted today (resolution 68/300).

I am greatly honoured to report that the Government of the Islamic Republic of Iran is fully committed to engaging with the global community in the fundamental task of the prevention and control of non-communicable diseases (NCDs) and therefore fully supports the implementation of the actions included in the outcome document adopted this morning. The macropolicies for health recently announced by the Supreme Leader of the Islamic Republic of Iran emphasize NCDs as the main challenge for the health system and the development of Iran. They oblige the Ministry of Health and Medical Education to prioritize and act upon the effective prevention and control of NCDs.

Apart from the Government's commitment to people's health, we believe the burden of NCDs to be a significant threat to our sustainable development. Of the 380,000 deaths registered in Iran in 2011, 45 per cent were attributed to ischaemic heart disease, cancer or strokes. To foster intersectoral collaboration on health issues, Iran has established the High Council for Health and Food Security, led by the President and comprising ministers and high-ranking stakeholders from various sectors, to take high-level decisions on health matters, including NCDs, for instance, decrees to reduce salt, sugar and fat in processed foods. The Council has its own provincial branches across all 32 provinces in Iran.

In addition, Iran was among the pioneering countries that signed and immediately adopted the World Health Organization Framework Convention on Tobacco Control and banned smoking in all public places. Through consultation with the World Health Organization (WHO) and engagement with countries that have demonstrated best practices, we are revising our tax system for tobacco and other harmful materials and advocate that the revenue be redirected towards our health system, mainly for the prevention and control of NCDs.

Moreover, through full collaboration with the WHO, the Iranian Ministry of Health and Medical Education aligns its national plan and policies for NCDs with the Global Action Plan for the Prevention and Control of NCDs 2013-2020, endorsed by the United Nations and the WHO. In that regard, Iran has set out its vision for NCDs by 2020, which seeks to decrease premature death by 15 per cent by the end of that year. Three main strategies have been drawn up to achieve that, namely, promoting the population's health literacy, increased access to primary health care and strengthening the primary health-care system to accommodate NCDs and social determinants of health.

To make that exercise more evidence-based, we work with certain countries to learn from their experience and to use their best practices as a benchmark. I must highlight the fact that, through its comprehensive and exemplary primary health-care network that has contributed to some of the best health outcomes in the region, Iran is committed to implementing its national plan on NCDs by strengthening its primary health care and local governance for health.

President Rouhani has declared health to be one of his Administration's top three priorities. Recently, on 5 May, the President officially initiated a comprehensive health transformation plan so as to achieve universal health coverage. By increasing the health system budget by 50 per cent, with the funds provided by targeted subsidies and increased value-added tax, as well as sin taxes and other revenue, the transformation plan is being implemented by strengthening and substantially restructuring the primary health-care system to incorporate the prevention and control of NCDs, social determinants of health and local governance for health. Insuring 8 million deprived and underprivileged people who reside in suburban areas, reducing out-of-pocket payments, particularly for inpatient services, improving the quality of care, the provision of basic health services for 9 million people in suburban areas, and financial and non-financial incentives to retain doctors and other health-care providers in deprived areas are among the reforms through which inequity is being addressed and poor people are being protected.

Undoubtedly, much of the care to prevent and control NCDs can and should take place within the primary care setting through the provision of high-quality care for all citizens, without regard to their condition and without causing any financial hardship. We therefore endorse the crucial role of universal health coverage in fulfilling that mission.

Although efforts to prevent and control NCDs are multidimensional, complex and time-consuming, creating a world with a zero burden of NCDs no longer looks like utopia. To make it come about more easily and create a platform suitable for joint activities by Member States to prevent and control NCDs, the Islamic Republic of Iran suggests that the United Nations, through collaboration with the WHO, other United Nations agencies and international partners, contribute to the establishment of an NCDs observatory under the supervision of the Secretary-General. The NCD observatory would be responsible as an organization for gathering progress reports, using agreed indicators and monitoring countries' progress and challenges until the objective of the zero burden of NCDs is reached.

On behalf of the Islamic Republic of Iran, I would like to conclude by sincerely expressing the hope that this meeting will contribute to generating greater commitment on the part of Member States in adopting NCD frameworks and monitoring plans in their national plans, monitoring their progress towards that goal and sharing lessons learned with the international community.

I wish all participants success and health.

Ms. Smith (Denmark): I thank the President for allowing me to share some facts and reflections with the General Assembly.

Denmark aligns itself with the statement made by the Commissioner for Health and Consumer Policy of the European Union (EU) (see A/68/PV.100).

Together with our fellow Nordic countries, since Denmark joined the Executive Board of the World Health Organization (WHO), in 2006, we have been at the forefront of ensuring that non-communicable diseases (NCDs) are high on the international health agenda regionally and globally. Denmark has consistently advocated in favour of an increased allocation of resources to NCD programmes at the WHO in order to ensure that it has a secretariat that can match the enormous challenge presented by NCDs. In global negotiations, as a part of the EU and the WHO European region, Denmark has played a very active role in developing effective NCD action plans and other NCD governance tools.

However, we still contest the use of the term "non-communicable diseases", for it is far from adequate and at times outright misleading — for instance, some cancers have infectious etiologies. Denmark therefore urges the international community to reconsider the term and contemplate alternatives that better cover the concept of, and support the relevant interventions against, long-standing preventable and manageable diseases.

Denmark gives high priority to non-communicable diseases, both nationally and internationally. Denmark sees promoting health, the early detection of disease, disease management and rehabilitation services, including patient education, not as a cost and a burden, but as an investment and development opportunity in welfare for all.

In January 2014, the Danish Government launched the national health targets for all Danes for the coming decade. The overall goals are more healthy life years for all combined with reduced social inequality in health. The road to take is to promote health and prevent disease, in partnerships across authorities and administrative sectors, civil society and the private sector. The Danish Government has allocated funds to support concrete multi-stakeholder partnerships at both the national and local levels during the coming years.

With the Danish local Government reform of 2007, the primary responsibility for creating healthy settings and establishing health promotion and disease-prevention services in Denmark lies with municipalities. In general, there has been a shift in disease-management responsibilities from the hospital sector to local health authorities. With the ageing Danish population and an increased burden of chronic diseases, Danish municipalities play a role in keeping their citizens as healthy as possible. That includes offering rehabilitative services and patient education that support active and informed citizens who live a portion of their lives with disease.

In order to support municipalities in that effort, the Danish health and medicine authority that I represent developed a so-called health promotion package. The health promotion package comprises an evidence-informed tool to assist municipal decision-makers and health planners in setting priorities, planning and organizing local initiatives of high quality to promote health and prevent disease at the local level. Danish municipalities are now implementing them with the support of their organizations.

We need health-promotion efforts in Denmark. The Danes are generally a happy people, but we have a tendency to eat, drink and smoke too much. That is reflected in our life expectancy, which has not developed as fast as it has in neighbouring countries. On the other hand, our health expectancy — the years we can expect to live in good health — has been consistently high.

There are further challenges. Social inequality in the area of health is growing in Denmark. There is a need for more evidence about effective and targeted health-promotion interventions, about how to best implement them and about how to engage citizens, stakeholders and society at large in a joint effort for a healthier Denmark for all.

Denmark is therefore ready to face the challenges and looks forward to constructively and actively contributing to the healthy development of all populations.

Mr. Seger (Switzerland) (*spoke in French*): In September 2011, for the first time, non-communicable diseases were the subject of a meeting at the highest political level. We are here today to look back on the progress made, but to also ensure that we remain fully mobilized. Is this really necessary? It is, because non-communicable diseases affect us all, men and women alike, for two reasons in particular.

First, beyond their impact on health, non-communicable diseases have considerable social and economic consequences. The scale of the challenge makes it imperative that measures be taken.

Secondly, the main risk factors are associated with individual behaviour and living conditions. Premature death linked to non-communicable diseases can therefore be largely avoided. It is our responsibility to act with that in mind.

Prevention cannot be carried out only by individuals themselves, because we are not all equal when it comes to risk factors. The answer to the challenge of non-communicable diseases must be multisectoral and involve all of society's stakeholders. They must be multisectoral to take into consideration the health factors linked, for example, with the environment, transport, land planning or even education. They must involve all stakeholders, because the role of non-governmental organizations, private companies, research and, more generally, civil society is essential.

In Switzerland, we are currently drafting a national strategy on non-communicable diseases in the framework of the Swiss national strategy for 2020. At the global level, we believe that the World Health Organization must assume a key role. We are therefore pleased that the mandates entrusted to it by the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) in 2011 and resolution WHA66.10 adopted by the World Health Assembly in 2013, have been fulfilled.

Our road map is in place; it is now a matter of implementing it. The primary responsibility of Member States in this respect should be emphasized here. However, since each State has different capacities, Switzerland is stressing the strengthening of health-care systems and the fight against inequality in its international cooperation.

The fight against non-communicable diseases should have a rightful place in the post-2015 sustainable development agenda. That should not be done to the detriment of the issue of communicable diseases. On the contrary, we must learn from our experience with the Millennium Development Goals to develop and promote synergies. That experience in particular highlights the importance of going beyond a "silo" approach.

Implementing a genuine multisectoral approach, involving all stakeholders and ensuring the place of health and non-communicable diseases in the post-2015 agenda: these are the considerable challenges awaiting us. Let us take advantage of this Meeting to remain mobilized and strengthen our efforts within the United Nations, particularly within the World Health Organization, as well as at the national level.

I wish everyone good health, and, perhaps setting aside protocol, I would propose a measure to preserve the health of all of us present here: we could all stand up after a statement and then sit down again. That way we would have a bit of movement in the Hall, and it would be very good for our health too.

The Acting President (*spoke in Spanish*): I thank the representative of Switzerland for his very original and healthy proposal.

Mr. Masood Khan (Pakistan): Pakistan associates itself with the statement delivered by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

Non-communicable diseases (NCDs) represent one of the world's most serious health challenges. NCDs cause suffering in both developed and developing countries; the socioeconomic development of the developing countries in particular is adversely affected. These diseases traumatize families and stunt the growth of communities and nations.

The 2011 Political Declaration on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) has brought about a radical shift in our thinking. Governments have to be in the driver's seat in order to respond to the challenge of NCDs and commit themselves to developing national plans to prevent and control these diseases.

Pakistan has made commitments to implement the Political Declaration based on the regional framework for action. We are making strategic interventions in the four priority areas.

In the area of governance, we are developing an updated national and provincial action plan for NCDs with targets for prevention and control adopted from the global targets; developing infrastructure for NCDs at the provincial level; and generating and devoting the needed resources for NCDs, especially through the taxation of tobacco and unhealthy products.

In the area of the prevention and reduction of risk factors, we are implementing the World Health Organization (WHO) NCD "best buys".

In the area of surveillance, we are developing an NCD surveillance system based on the WHO framework and integrating NCDs into the national health information system.

In the area of health care, we are working to integrate essential NCD interventions in primary health care, including cost-effective interventions for the early detection and treatment of priority NCDs, and improve access to safe, affordable and high-quality essential medicines and technologies.

The Government of Pakistan is pursuing a comprehensive, cross-sectoral national action plan in partnership with the private sector to achieve the following objectives: a high-level political commitment and the involvement of communities and health-care providers in creating awareness and promoting the prevention of NCDs; the mapping of existing health facilities and assessing their capacity in addressing these diseases; the establishment of uniform standards for the public and private sectors; incorporating the prevention and control of NCDs in the poverty-reduction strategy; promoting research and strengthening human resource capacity; and, finally, developing partnerships with all stakeholders, including international organizations.

As the international community is engaged in crafting the post-2015 development agenda, the High-Level Meeting on NCDs provides us with a welcome opportunity to convert the Political Declaration into an actionable plan. We are glad that during ongoing negotiations on the sustainable development goals, NCDs are being integrated as a cross-cutting issue in the various goals and targets relating to health, nutrition, safe drinking water and access to medicines. The risk factors for NCDs are intertwined with the issues of environmental pollution, urbanization and sustainable consumption.

Effective global partnerships and the provision of credible means of implementation are indispensable to success in the prevention and control of NCDs. The world's leading pharmaceutical companies should fulfil their corporate social responsibility by ensuring the availability of medicines for the prevention and control of NCDs at affordable prices in the developing countries.

Finally, today's Meeting has given us a valuable opportunity to take stock of the progress made so far, conduct an informed review, identify the remaining gaps, and find ways and means to redress deficits. This Meeting will spur leadership in our fight against the NCDs.

Mr. Alzouma (Niger) (*spoke in French*): First of all, I should like to convey the fraternal greetings of Mr. Gali, Minister of Public Health of the Niger.

It is both an honour and a privilege for me to take the floor here at this High-level Meeting of the General

Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases.

My delegation associates itself with the statement made at the 100th meeting by the representative of Bolivia on behalf of the Group of 77 and China.

In my national capacity, I should like to share my country's experience in this area.

In the Niger, although the health situation is strongly characterized by the predominance of communicable diseases, non-communicable ones are starting to gain and represent a heavy burden for the health and economy of the country.

The STEPwise approach to Surveillance (STEPS) survey of December 2007 on risk factors for these diseases and on arterial hypertension and diabetes in the Niger revealed the following rates of prevalence among adults: arterial hypertension, 21.2 per cent; diabetes, 4.3 per cent; overweight, 26.5 per cent; obesity, 3.8 per cent; and tobacco smoking, 4.9 per cent.

The survey also showed that more than 22 per cent of the adult population aged 25 to 44 has three or more risk factors for developing a non-communicable disease.

Faced with that situation, the authorities of the Niger are committed to effectively combating such diseases under the strategic health development guidelines for the first decade of the twenty-first century and the new national health policy, adopted in May 2002. The fight against infectious and chronic diseases has been clearly identified as a major priority for the country.

In particular, the Niger's commitment was further reaffirmed through the ratification of the World Health Organization Framework Convention on Tobacco Control, in 2005; the adoption by the National Assembly of the Republic of the Niger of Law No. 2006-12 Concerning Tobacco Control, of 15 May 2006; the Health Development Plan 2011-2015, of which the fight against non-communicable diseases is a medium-term priority; Order No. 00016/MSP/SG/DGSP, of 25 January 2012, on the establishment, organization and powers of the national programme for the fight against non-communicable diseases; and the National Assembly's adoption of Law No. 2011-16, of 8 August 2011, on the establishment of an administrative institute, known as the national centre for the fight against cancer.

In addition, we have developed and adopted a comprehensive national plan to combat non-communicable diseases and their risk factors. The diseases targeted in that plan are, in particular, cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. The strategic plan seeks a Niger where the population has preventive and curative care and support against non-communicable diseases with the full involvement of the community. In that regard, it ensures comprehensive strategies and interventions against non-communicable diseases and their risk factors.

The main strategic areas of the plan are the development and implementation of multisectoral strategies to prevent non-communicable diseases and to promote a healthy lifestyle; strengthening the national health-care system's capacity to screen for, diagnose and treat non-communicable diseases; broader medical coverage and resource mobilization to prevent and control non-communicable diseases; the establishment of a standardized framework for the monitoring and evaluation of non-communicable diseases and their risk factors; enhanced legislation on and regulation of the fight against non-communicable diseases; tax and tariff measures for certain risk factors, such as tobacco and alcohol use; strengthening governance and leadership; and the development of action research in the field of non-communicable diseases.

However, the implementation of the strategic plan faces a number of constraints, including, in particular, insufficient funding for the fight against non-communicable diseases, inadequate data on non-communicable diseases and a lack of technical facilities for the proper management of non-communicable diseases. That is why the Niger, through me, is counting on stronger and appropriate support from all its development partners and on international cooperation so as to effectively combat such diseases.

Mr. Larm (Qatar) (*spoke in Arabic*): I would like to express my thanks to the President for his efforts in organizing this important meeting. We are confident that our discussion today will contribute to furthering the dialogue and significant efforts by the United Nations and the international community to prevent and combat non-communicable diseases (NCDs) and to underscore the challenges that they present for individuals and societies.

We associate ourselves with the statement made by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

I would like to take this opportunity to emphasize the vital role of the World Health Organization in raising awareness and in the prevention and control of NCDs. Despite the extensive steps and efforts of Governments to prevent and control NCDs, those diseases are still a heavy burden on societies and undermine social and economic development throughout the world.

We affirm the right of all individuals to enjoy the highest possible level of physical and mental health and their right to universal health care. We therefore acknowledge the urgent need to continue making extensive efforts at the national, regional and international levels to prevent and control NCDs, in particular since they represent a major challenge to development in the twenty-first century, especially in developing countries.

Qatar has made progress that could be considered a role model worldwide in the field of health. It has made resolute efforts to provide an environment conducive to providing health care for all in an equitable way by implementing health strategies, programmes and campaigns to regulate the prevention and control of NCDs. The health sector is doing its utmost. The health sector budget for 2013-2014 has been increased by 13 per cent so as to achieve a better standard of health care. That is fundamental to human development, since improving health care is an integral part of Qatar's National Vision for 2030.

In Qatar, the health insurance system, called "Health", provides full coverage for individuals and constitutes the country's main pillar for achieving the National Vision for 2030. The vision for 2011-2016 is a cornerstone for promoting a healthy lifestyle, for providing quality health care as the basis of a successful comprehensive health-care system, and for ensuring the highest possible level of health care through the provision of prevention and control health-care services.

I would like to highlight here the Qatari association for the prevention and control of diabetes, a non-profit organization that is a pioneer in its field. It assists people with diabetes and those that are susceptible to the disease through a number of effective social and cultural programmes and activities. In addition, the Sidra Medical and Research Centre is an academic medical centre that has state-of-the-art digital technology and sets a new standard in helping patients affected by various non-communicable diseases.

The increasing number of challenges posed by the spread of NCDs has a direct negative impact on achieving the Millennium Development Goals, in particular since such diseases reduce the productivity of individuals and their families. We therefore stress the importance of making genuine, coordinated efforts among all stakeholders concerned, including individuals, Government organizations, civil society and the relevant international organizations, in order to fight non-communicable diseases in a comprehensive way.

I would like to take this opportunity to once again reiterate our commitment to the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) in order to put an end to those diseases and their spread.

In conclusion, I would like to reiterate the importance of according due attention to preventing and combating non-communicable diseases in the post-2015 development agenda. We will spare no effort in our endeavour to achieve a world free from non-communicable diseases, thereby reducing the suffering of millions of people worldwide.

Mr. George (Barbados): I wish to reaffirm Barbados' unequivocal commitment to the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). In 2011, for the first time, the international community acknowledged that the global burden of chronic non-communicable diseases (NCDs) constituted a major challenge for development in the twenty-first century, and that developing countries were disproportionately affected.

Barbados knows only too well the spiralling economic, social and psychological cost of the NCDs epidemic, which disproportionately affects persons within the region of the Americas and, more specifically, the Caribbean. One quarter of all adult Barbadians have at least one non-communicable disease, and that is projected to rise to one third of all adults by 2025. The prevalence of diabetes is 14.4 per cent in adults over the age of 25 years, and hypertension rates are well over 20 per cent. Data from the Barbados National Registry confirms that cardiovascular disease is the leading cause of sickness and death in the Barbadian population.

Rising levels of obesity and overweight in our children and young adults remain a national concern.

Based on compelling public-health evidence, Barbados has taken the approach of highlighting that NCDs are a national and developmental issue that must engage the country at the highest level of leadership and governance. I am happy to report that we have achieved some successes over the past decade. Those include progress with respect to the implementation of the Framework Convention on Tobacco Control; enhanced surveillance, through the Barbados National Registry, of strokes, heart attacks and cancers; risk factor surveys; efforts to reverse the trends of obesity and the introduction of national guidelines for healthy foods.

However, much work still remains to be done. The national strategic plan for NCDs 2014-2018 provides a framework and road map for multidisciplinary and intersectoral NCD action. The road map indicates that improvements are needed in the quality of care and treatment, palliative care, monitoring and the evaluation of outcomes and the impacts of programmes, health information systems, health promotion and risk-factor reduction.

Barbados underscores the need for a multi-sectoral approach, embracing the social determinants of health, to reverse the predicted trends of the NCD epidemic. Those efforts, complemented by a robust surveillance system, primary health care, health promotion and risk factor reduction, will allow us to realize the goal of a 25 per cent reduction in premature mortality by 2025.

The targets and indicators are achievable. However, small island States, frequently characterized by limited technical, financial and human resource capacity, have very specific challenges. Competing public health priorities, an ever-increasing elderly population, new and emerging public health threats, natural disasters and the effects of climate change all impinge upon our capacity to make inroads into the NCDs epidemic. The classification of Barbados as a high-income country also poses significant challenges, as that designation severely curtails our access to concessionary financing. Continued international cooperation and assistance is therefore urgently needed.

Barbados urges the United Nations agencies, funds and programmes to strengthen their support for the Pan American Health Organization and regional public health agencies, including the Caribbean Public Health Agency. The level of engagement by the United Nations system must be commensurate with the burden of disease and the needs at the country level.

Much more remains to be done in order to realize a truly multi-sectoral approach by the United Nations system to addressing NCDs, such as was envisioned in the Political Declaration. We commend the World Health Organization for the remarkable work it has achieved, including the elaboration of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. We welcome the establishment of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. However, we renew our call for an approach that goes far beyond the realm of health and harnesses the experiences and expertise of agencies, including the United Nations Development Programme, the United Nations Children's Fund, the Food and Agriculture Organization of the United Nations and the World Trade Organization.

Barbados remains committed to the purpose and direction of the strategy on NCDs, and continues its efforts to ensure that NCDs are accorded priority in the post-2015 development agenda. We will continue to collaborate with national, regional and international partners to achieve our agreed goals and targets.

Mr. Alhakim (Iraq) (*spoke in Arabic*): My country would like to thank the Secretary-General and the Director-General of the World Health Organization (WHO) for the report (A/68/650) on the progress achieved in the implementation of the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). I would also like to thank the President and the Permanent Representatives of Belgium and Jamaica for their efforts aimed at the adoption of resolution 68/300, the outcome document of the High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs).

My delegation aligns itself with the statement delivered on behalf of the Group of 77 and China (see A/68/PV.100).

At the outset, my country would like to underscore the importance of this meeting's outcome document. We need to redouble our efforts to achieve a world free of non-communicable diseases. We must also measure the progress that has been achieved since 2011 in that regard.

We would also like to reiterate our commitment to support strategic and other measures at the national and international levels, efforts that are part of the Global NCD Action Plan 2013-2020 established by the World Health Assembly in 2013.

It is also important to address the causes of diseases and the risk factors associated with such NCDs as cardiovascular disease, mental health disorders and cancer, inter alia, alcohol and tobacco abuse, inappropriate nutritional regimes and lack of physical activity. I would like to recall in that regard that in 2012 the WHO Regional Committee for the Eastern Mediterranean Region adopted a regional plan of action on the basis of the Political Declaration. That regional framework provides a clear and precise road map that gives countries of the region practical experience and enables them to honour their commitments at the international level.

Iraq, like other countries of the region, has ensured that the fight against NCDs is a priority in all of our national strategies dealing with health and development. We are focusing in particular on regional strategies. Iraq is aware of the dangers of NCDs as well as the risk factors related to them. Iraq would like to institute measures to implement the principles and commitments of the Declaration, in order to make progress beyond what we have already achieved in implementing the Political Declaration over the past three years.

We have in place a national strategy and a plan of action to fight NCDs that is based on the principles of the WHO Global Action Plan. We will be giving even greater priority to supporting the national programme to fight cancer. We will establish a registry of cancer cases and make every effort for primary-health-care providers to improve data collection on NCDs. We are also contemplating measures to fight tobacco use, particularly among students. We will also promote physical activity among men and women through various programmes.

I would like to express our satisfaction at the measures already taken internationally since 2011 under the auspices of the WHO and with the full participation of all Member States. Let me stress the importance of honouring those international and national commitments and of providing adequate resources for related activities.

First, we must adopt a number of indicators of an operational nature to assess the progress achieved at the national level before the end of 2014, and we must speed up the implementation of the WHO Framework Convention on Tobacco Control. We must develop a working framework for action and ensure the participation of all concerned sectors dealing with NCDs before 2015, without overlooking the need to enable low- and middle-income countries to be able to count on the means for detecting cancer, become familiar with illnesses that may be linked to the appearance of certain cancers, access tools that enable the private sector and civil society to participate in related activities and pursue coordination between the WHO and regional offices in order to implement an international plan of action.

Finally, Iraq regrets the absence of specific indicators to measure the progress that countries will make between now and 2018, which we see as a major gap in the final document. We feel it is important to remedy the situation as quickly as possible.

In conclusion, I would stress the importance of adopting immediate measures to speed up activities designed to curb risk factors. We must — all of us — honour our commitments in order to rid the world of the NCD scourge. We hope that this high-level Meeting will further strengthen commitments by Member States and that non-communicable diseases will become a priority in every working programme and on the international agenda. Let me thank the WHO Regional Office for the Eastern Mediterranean and its Regional Director, Mr. Ala Alwan, and his team for the assistance they provide to the countries of the region, given that countries in my region are being seriously affected by these diseases.

Mr. Haniff (Malaysia): Allow me at the outset to express my delegation's appreciation to the President for convening this important High-level Meeting. I would also like to commend the facilitators, Ambassadors Bénédicte Frankinet and E. Courtenay Rattray, for their excellent work.

My delegation believes that the convening of this meeting is timely as we take stock of the progress achieved in the prevention and control of non-communicable diseases (NCD) following the adoption of resolution 66/2.

Malaysia also wishes to commend the World Health Organization (WHO) for its role in the preparation for and the follow-up to the General Assembly comprehensive review and assessment of the prevention and control of NCDs. Malaysia takes note of the consultations convened for Member States and the work to conclude global strategies to accelerate progress in the prevention and control of NCDs.

At this juncture, Malaysia aligns itself with the statement delivered by the representative of the Plurinational State of Bolivia on behalf of the Group 77 and China (see A/68/PV.100).

The formulation of the comprehensive Global Monitoring Framework and the Global NCD Action Plan lend credence to a more optimistic outlook on the prevention and control of NCDs. The Action Plan provides a sound foundation for assisting Member States to achieve the vision of a world free of the avoidable burden of NCDs. Malaysia is encouraged by the indicators and targets set forth, as well as the action plans outlined, which concentrates on mitigating the common risk factors for NCDs, including tobacco use, alcohol abuse, unhealthy diet and physical inactivity. We are of the opinion that the indicators and targets would allow Member States to keep track of their progress in actions taken to reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs.

Malaysia remains committed to tackling the burden of NCDs and has introduced a number of interventions into the national system in its effort to reduce the level of exposure of individuals and populations to the risk factors over the years. Tobacco and alcohol excise duties, more commonly referred to as a sin tax in Malaysia, have seen a hefty increase in the last five years. Increments in the sin tax are one of the steps taken by Malaysia with the objective of reducing the consumption of tobacco and alcohol among its population. The Government also has organized its first national NCDs conference, on the theme "The role of diet and physical activity in combating non-communicable diseases", which was held last year. The conference was organized to promote a healthier lifestyle and discourage physical inactivity.

Beyond immediate and responsive measures, Malaysia has formulated and is currently implementing its national strategic plan for non-communicable diseases. It is a medium-term strategic plan to further strengthen the cardiovascular diseases and diabetes prevention and control programme for the period 2011-2014. The strategic plan is the nation's response to the many premature deaths among Malaysians that are attributed to NCDs. The strategic plan outlines seven strategies that are inclusive, wide-ranging and all-encompassing for Malaysia to combat the many facets and aspects of the NCDs epidemic and halt the prevalence of NCDs and their risk factors, which continue to rise at an alarming rate.

The strategic plan provides greater opportunities for more effective multisectoral partnerships, where stakeholders' participation is encouraged in developing, implementing and evaluating the prevention and control of the NCDs programme. We acknowledge that the determinants of NCDs largely fall outside of the health domain and that a more holistic approach in national policies is required to combat NCDs. It is for that reason that a Cabinet committee, led by the Deputy Prime Minister and including 10 ministries, was established to allow for a broader outlook in the formulation of national policies in the prevention and control of NCDs. Partnerships between Government agencies, non-governmental organizations and professional bodies were also established to allow for broader deliberations on NCD regulations.

Malaysia's strategic plan is in conformity with the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020. Under its national strategic plan, Malaysia has introduced policies and taken steps to regulate the food industry. For instance, in August 2013, the Ministry of Health of Malaysia launched guidelines on the marketing of food and beverages to children. They aim to alter the increasing and worrying obesity rates among school children in Malaysia.

One major challenge that we face is identifying a common regional response. That is due to the complexities of NCDs and their risk factors, which cut across borders, as well as the capacity of each Member State to respond to the NCD epidemic. To assist countries in the South-East Asia region in formulating national multisectoral policies and plans for NCDs, Malaysia co-organized a high-level regional meeting on national multisectoral action plans for NCD prevention and control with the WHO in Kuala Lumpur in June 2012. In sharing best practices and lessons learned, Malaysia will continue to be supportive of the WHO's efforts to provide platforms for Member States to learn from one another's experiences.

At the regional level, the States members of the Association of Southeast Asian Nations (ASEAN) established the ASEAN Task Force on NCDs as part of an effort to mount a coordinated regional response to the NCD epidemic. The mandate of the Task Force was further strengthened by the adoption of the Bandar Seri Begawan Declaration on Non-communicable Diseases by ASEAN Heads of State and Government on 9 October 2013. The Declaration, among other things, calls for the acceleration of the implementation of the "health in all policies" approach to mitigate the risk factors of NCDs in the region.

Moving forward, Malaysia commends the recommendation put forward by the WHO Director-General in her report to accelerate progress in the prevention and control of NCDs. Malaysia also calls for broader engagement by additional actors and donors, including the private sector, given that the NCD burden is large and the cost of development challenges remain overwhelming, at both the national and regional levels.

In conclusion, Malaysia wishes to reaffirm its commitment to the fight against NCDs. Malaysia is committed to ensuring that reducing the burden of NCDs and achieving universal health coverage are featured prominently in the post-2015 development agenda.

Mr. Jaime Calderón (El Salvador) (*spoke in Spanish*): El Salvador is grateful for the initiative of holding this High-level Meeting, which enables us to carry out a comprehensive review of the progress achieved in the prevention and control of non-communicable diseases. This is an issue of great importance in El Salvador, as chronic non-communicable diseases pose one of the biggest challenges facing our health-care system owing to the large number of people affected, the complexity of addressing them and the high costs of prevention and treatment.

High blood pressure and diabetes are the main chronic non-communicable diseases that lead individuals to visit the network health-care facilities in El Salvador. Recognizing that those diseases are preventable and that their impact can be significantly reduced, the Ministry of Health, with interinstitutional and intersectoral participation, has developed a national strategic plan for a comprehensive approach to chronic non-communicable diseases, which is awaiting approval. I am also pleased to announce that, last April, El Salvador ratified the Framework Convention on Tobacco Control of the World Health Organization (WHO), in recognition of the appeal made in the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex).

In order to promote healthy eating habits among the population and prevent individuals from becoming overweight or obese, as determining factors of chronic diseases, since February of last year the Ministry of Health has been developing and implementing dietary guidelines for the population. We have also developed a national food and nutrition security policy.

Significant progress has been made as part of our comprehensive health-care network in preventing and treating cancers that are prevalent in our country, as well as in improving the capacities of health-care providers to meet the demand for care.

El Salvador has designed and implemented technical health-care standards for individuals throughout the life cycle. We are therefore pleased that the outcome document (resolution 68/300) of this High-level Meeting recognizes the importance of preventing and controlling non-communicable diseases throughout a person's life cycle.

We agree that, although considerable progress has been made in the prevention of these diseases, that progress is still inadequate. We thereore reiterate the main role and responsibility of Governments in that regard. At the same time, however, we also believe that the participation of all sectors is essential to provide a comprehensive response to chronic non-communicable diseases and achieve a reduction in risk factors that can be altered.

We also underscore the importance of continuing to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases. We acknowledge the leadership of the WHO and the Pan American Health Organization in that regard.

We agree that cardiovascular or respiratory diseases, diabetes mellitus or cancer account for most of those diseases. We also agree that they are caused by risk factors such as tobacco or alcohol use, unhealthy diets and physical inactivity, which require public policy and intersectoral action. However, El Salvador wishes in particular to mention chronic kidney disease, which severely affects our country and other Central American countries. The disease is related to environmental and occupational factors. In El Salvador in 2010, that epidemic was the principal cause of hospital deaths among men aged between 20 and 60 years of age, and the fifth-highest cause of death among the general population as a result of exposure to heavy metals and/or agricultural chemicals. The epidemic requires the robust support of Governments, international cooperation, the setting of new priorities, sectoral strategies and increased budgetary allocations.

Appendix 1 of the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 of the World Health Organization demonstrates that a comprehensive response to the prevention and control of non-communicable diseases should take into account the link with other conditions, such as exposure to environmental and occupational hazards, pollution and the indiscriminate use of agrochemicals in agriculture, as well as mental disorders, demographic changes and violence.

In that regard, El Salvador makes a special appeal for the international community to consider the synergies between non-communicable diseases and the conditions described in appendix 1 that I have just mentioned. That will help to develop a comprehensive response to the prevention and control of non-communicable diseases by acknowledging the conditions in which people live and work, as provided for by paragraph 30 (f) of the outcome document of this High-level Meeting (resolution 68/300).

El Salvador takes this opportunity to reaffirm its strong commitment to moving forward and to continuing to promote actions to prevent and control non-communicable diseases with the cooperation of various sectors. We thank Member States, as well as regional and international organizations, in advance for their support.

Mr. Guldvog (Norway): Today is a truly promising day for the prevention and control of non-communicable diseases (NCDs). Many wise and dedicated statements have been made here today.

Norway notes with satisfaction the fact that the World Health Organization has fulfilled the tasks called for in the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), most notably the global monitoring framework for NCDs, including voluntary targets and indicators and the establishment of a global coordination mechanism for NCDs.

It is now time to translate political awareness into the implementation of national policies. The 2011 High-level Meeting recognized that NCDs could not be tackled by health ministers alone but only by Governments as a whole. Action must be multisectoral. The health-care, education, transport, environment, finance, city planning and agriculture sectors must be engaged and committed to action.

One familiar but important example entails improving public transport, creating pedestrian zones in cities, improving the environment and promoting more active citizens, thereby preventing obesity and reducing the NCDs related to polluted air. Another message was that of mobilizing the resources of non-State actors to foster the necessary changes. Government action alone is not sufficient. We need the resources and knowledge of non-State actors and civil society partners in our work. We must make them partners. They can make significant contributions provided that public health safeguards are properly in place.

The question of how to finance national strategies on NCDs is frequently raised. However, as Helen Clark of the United Nations Development Programme said earlier today (see A/68/PV.100), many interventions cost little or may even raise Government income. Increased taxation on tobacco is a good example, with a proven effect on behaviour and higher State revenue.

The implementation of effective measures to counter the NCD epidemic requires political will. A first step is therefore committing our Governments to national targets and to implementing measures. From that starting point we can adapt the toolkit of the World Health Organization to our national settings, while mobilizing resources in the public, civil and private sectors and building our NCD strategies on that basis.

The 2011 Political Declaration acknowledged NCDs as a major development challenge of the twenty-first century, which are undermining social and economic development globally and threatening the achievement of international development goals. There is ample evidence that NCDs must be addressed by Member States that wish to strengthen their social and economic development. The High-level Meeting in 2011 helped to prepare the ground for including NCDs in the new post-2015 sustainable development goals. We strongly support such inclusion.

Reducing premature mortality by 25 per cent by 2025 can be achieved only through the implementation of concrete and multisectoral measures by Governments at the national level. That is the major challenge facing us now.

Mr. Freeman (South Africa): South Africa would like to add its voice in extending its deepest appreciation to the co-facilitators, the Permanent Representatives of Belgium and Jamaica, for their tireless efforts in preparing the outcome document before us today (resolution 68/300).

We align ourselves with the statement delivered by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

While non-communicable diseases (NCDs) have traditionally afflicted mostly high-income populations, the documented increase in poorer countries has made NCDs a major development concern for all countries. It is therefore imperative that we employ mitigating strategies and frameworks in order to prevent the debilitation of our productive populaces. We need to further facilitate public awareness and advocacy campaigns that seek to focus public attention on the risk factors related to NCDs. Importantly, we must ensure that NCDs are an integral part of the post-2015 development agenda. Their health implications are far-reaching and inclusion is particularly important, since NCDs were not a part of the Millennium Development Goals.

Like most developing countries, South Africa has many competing needs. The increasing burden of NCDs is therefore placing additional pressure on our already limited resources. Like most countries on the continent, we are grappling with other diseases such as HIV and AIDS and tuberculosis, as well as with maternal and child mortality. Notwithstanding that, we realize the importance of increasing the focus on NCDs.

In a bid to address the challenges posed by NCDs, South Afrcia has set itself 10 specific targets for the prevention and control of NCDs that largely complement the nine global targets agreed at the sixty-sixth session of the World Health Assembly. We have already introduced a number of legislative and other programmes to assist in reaching our ambitious goals. For example, we have introduced regulations on trans fats in foods, and regulatory targets for the amount of salt permitted in a number of different foodstuffs. We are supplementing that regulation with a major awareness campaign on salt intake and health.

Moreover, given the high levels of the harmful use of alcohol and its impact not only on NCDs but also on communicable diseases, violence and injury, South Africa has established an interministerial committee, made up of 35 ministers, which targets issues such as accessibility, enforcement, the age of legal drinking, the amount of alcohol permitted when driving and taxation. The draft legislation on a full ban on alcohol advertising and sponsorship will soon be presented to our Parliament.

We are of the firm view that an effective health system to deal with the burgeoning NCD epidemic is critical to the control of NCDs. In this case, the tragedy of HIV, the health platforms that have been developed to care for people suffering from that chronic disease, and the comprehensive lessons learned in dealing with people living with HIV are being successfully utilized to benefit people requiring chronic NCD care. Integrated chronic care, irrespective of its etiology, is being rolled out in South Africa and is already benefiting patient care, quality of services and, in particular, the many people suffering from more than one chronic disease.

A vital step in the right direction for South Africa has been the introduction of the human papillomavirus (HPV) vaccination for young girls to prevent cervical cancer. With GAVI Alliance support, South Africa this year introduced a school-based HPV programme. In the first round, we vaccinated over 330,000 girls. We strongly believe that this intervention not only will save lives but is also cost-effective. We propose that countries globally be encouraged to adopt such an intervention.

Lastly, South Africa supports multisectoral action through sustained actions across sectors that contribute and support the implementation of the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. There is also a need to promote policy coherence across sectors, such as trade and investment, and to protect policy space for NCD prevention and regulation. We also need to work as a collective in the battle to effectively address the key causes of NCDs, with the emphasis on tobacco use, the harmful use of alcohol, unhealthful foods and lack of physical activity.

Ms. Farjas Abadía (Spain) (*spoke in Spanish*): It is an honour for me to represent the Ministry of Health, Social Services and Equality of the Kingdom of Spain at this High-level Meeting, where we have an opportunity to reaffirm the support of the Government of Spain for the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases, adopted in September 2011 as resolution 66/2, annex, and ratified in resolution 68/300, which we adopted this morning.

The Declaration represents a milestone in the global fight against non-communicable diseases, and it is a fact that since 2011 we have witnessed increased attention to these diseases in national and international health agendas. In that regard, we particularly welcome the leadership of the World Health Organization, which is reflected in its Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, the agreed objectives and indicators, and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.

Spain has a national universal health-care system, which is accessible and free of charge to all Spaniards and legal residents. We have worked for many years to reduce the impact of non-communicable diseases in order to improve the autonomy and quality of life of citizens, guarantee equality at all medical levels, and contribute to the social and economic growth of our population. This work has been laid out through various strategies in different areas, some of which I should like to share with the General Assembly.

In the year 2010, Spain adopted new legislation on health measures related to tobacco, limiting tobacco consumption in public spaces and increasing the number of spaces free of tobacco smoke. That legislation has contributed to reducing morbidity and mortality due to cardiorespiratory and cardiovascular diseases. For example, in the brief period between 2009 and 2011, hospital admissions for heart attacks were reduced by 3.8 per cent, and we saw a 90 per cent reduction of air pollution in restaurants.

Moreover, in June 2012 we adopted a strategy for treating chronic diseases in the Spanish health-care system. The strategy identifies 20 objectives designed to reorient health services towards prevention and comprehensive care for chronic diseases. In December 2013, we adopted a strategy for the promotion of health and disease prevention in the national health-care system, promoting healthful lifestyles and environments. It proposes programmes in the areas of nutrition, physical activity, tobacco, alcohol, accidental injuries and emotional well-being.

In both strategies, we consider instruments and rationales for coordination between health-care and social services, in addition to focusing on health care at every policy level. In this effort, we enjoy the active participation of public administration, health-care professionals, scientific societies and patients associations. The Government of Spain is also committed to the fight against obesity, especially in children, through our Nutrition, Physical Activity and Obesity Prevention Strategy, launched in 2005. We are working with the private sector on agreements designed to reduce the salt and fat content in foodstuffs, to which a growing number of food enterprises are adhering.

In conclusion, I affirm that Spain is committed to continuing to cooperate with the initiatives of the European Union, the World Health Organization and other United Nations agencies in reducing the impact of non-communicable diseases, for example through the exchange of information and good practices among Member States, in the shared objective of adding years and quality to the life expectancies of our populations.

Mr. Meza-Cuadra (Peru) (*spoke in Spanish*): I would like to stress the importance of convening this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, and to convey our thanks to the facilitators, Belgium and Jamaica, for their hard work in drafting the outcome document contained in resolution 68/300. Positive results, I am sure, will be seen from the implementation of the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), adopted in 2011, while the national multisectoral responses of many interested parties in the prevention and control of this group of diseases will be stepped up.

We are concerned that sedentary lifestyles, alcohol consumption, tobacco-smoke exposure and inadequate nutrition, among other risk factors, are increasing the numbers of people in our societies who experience metabolic disorders, cardiovascular disease, types of neoplasia and other incapacitating diseases that impact the quality of life and have economic and social consequences, including death.

Over the past 30 years, shifts in epidemiology in Peru have revealed a high level of non-communicable diseases in the population; we have therefore intensified our efforts to prevent and control such diseases, particularly in the most vulnerable populations.

We agree that in order to reduce and control non-communicable diseases, we need to promote healthful lifestyles and environments, with an ongoing focus on rights, gender equality and multiculturalism. We are therefore concerned that tobacco is the second most consumed drug after alcohol. Tobacco, tar and other chemicals contained in cigarettes lead to close to 16,000 deaths per year in Peru. We have adopted new regulations to reduce consumption of and exposure to these items, thereby protecting individuals, families and communities against the health, social, environmental and economic consequences of exposure to tobacco and ensuring that tobacco products are marketed in a responsible manner.

We believe that physical activity is important for the prevention and control of non-communicable diseases. In Peru, as in many other countries, on average one out of every two citizens does not engage in any sport. The situation in that respect for people in urban areas, the less educated and lower-income families is even more critical. In that regard, my country is working to regulate, guide and carry out organized and effective initiatives to promote the adoption of healthy behaviour through activities to promote health. We are also working with regional and local Governments to promote physical activity and healthy nutrition.

The Peruvian Government is intent on fighting existing malnutrition and hunger. In 2013, we promulgated a legal framework for the promotion of healthy activities for boys, girls and adolescents to effectively promote and protect the right to public health care, growth and the adequate development of individuals. Moreover, according to the World Health Organization, Peru has reduced child malnutrition by 17.5 per cent. This and other successes earned Peru the recognition of the United Nations Food and Agriculture Organization as one of the 16 countries of the world that have achieved the Millennium Development Goal to reduce by half the total number of people suffering from hunger.

With respective to the normative progress achieved in the prevention, control and reduction of cancer, in 2012 my country promulgated a national plan to ensure comprehensive cancer care and improve access to oncological services known as Plan Hope, in a phased manner commensurate with technical developments and available resources.

Peru recognizes the importance of the prevention and control of non-communicable diseases and believes that health care and education are the pillars of a nation's social development. A key factor in that regard is the need for integrated work among all sectors of society. We therefore encourage the international community to intensify its efforts to prevent and control non-communicable diseases and to promote, establish, support and strengthen national multisectoral plans and policies for the prevention and control of these diseases.

Mr. Maaroufi [unbold morocco](Morocco) (*spoke in French*): I would first like to thank President Ashe for organizing this meeting, which is of capital importance to the international community and to which my country attaches particular interest. I also want to thank the Director General of the World Health Organization for her statement this morning (see A/68/PV.100) and for her unwavering commitment to combating non-communicable diseases.

My delegation associates itself with the statement made by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

I am honoured to participate in this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases. The Kingdom of Morocco reaffirms its commitment to the implementation of the 2011 Political Declaration of the High-Level Meeting on the Prevention and Control of Non-communicable Diseases. Morocco attaches high priority to national policies and plans aimed at creating and promoting conditions conducive to the prevention and control of non-communicable diseases, in particular mental and degenerative diseases, as well as the fight against their risk factors and all of their determining factors.

Thanks to a very high level of political commitment and a national collective leadership headed by the First Lady of Morocco, Her Royal Highness Princess Lalla Salma, Morocco has had considerable progress in the prevention and control of non-communicable diseases, in particular cancer. In fact, the Government of Morocco's plan for 2012-2016 makes the prevention and control of non-communicable diseases an important strategic goal in meeting the challenges they pose. Furthermore, Morocco has adopted the World Health Organization (WHO) Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. It has identified national targets, taking into account the nine WHO global voluntary targets. A multisectoral plan of action to prevent non-communicable diseases and promote a healthy lifestyle is now being developed with other non-health sectors.

Moreover, in order to improve access to preventive and curative health services, Morocco has invested a great deal of resources in establishing a basic medical coverage regime to achieve the goal of universal health coverage. This basic medical coverage regime is based on two pivotal programmes. The first is a programme of mandatory health insurance designed to cover the active salaried population. The second is a medical assistance regime for economically disadvantaged individuals that now covers the entire poor population. Thanks to these two programmes, approximately 60 per cent of the population of Morocco now has health insurance. A third programme of medical coverage for self-employed workers is now being developed and established.

Regarding the commitments contained in the outcome document of this High-level Meeting (resolution 68/300), Morocco supports and approves the agenda and measures proposed therein to combat non-communicable diseases. Our country is already part of this dynamic process, despite all the obstacles and challenges linked to the management of these diseases. In that regard, we believe that the international community must attach critical importance to this issue in order to help developing countries to reduce the level of exposure of their populations to risk factors for non-communicable diseases and to effectively and equitably respond to the needs of populations or persons suffering from these illnesses. That is why we wish to emphasize the following three points.

First, we must integrate the fight against non-communicable diseases and the fight against their risk factors in global development initiatives, in particular the post-2015 development agenda. Secondly, we need to mobilize more financial resources for developing countries in order to help them bear the very high cost of multisectoral interventions against non-communicable diseases. Thirdly, we must promote South-South cooperation and triangular cooperation, which are a fundamental pillar of the fight against non-communicable diseases in the developing countries.

Mr. Smyth (Australia): It is an honour to represent Australia at this High-level Meeting to review our achievements and measure our progress against the commitments we made in the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). Non-communicable diseases (NCDs) impose large but often preventable health, social and economic challenges in countries and regions. NCDs remain a major cause of poverty and are undermining development gains and economic growth around the world.

Australia commends the World Health Organization (WHO) for its leadership on that global health agenda. The WHO NCD monitoring framework and visionary Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 have been especially useful in tracking Australia's progress on the prevention and control of NCDs. We also recognize the effectiveness of the WHO comprehensive global coordination mechanism and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases in encouraging Member States and the United Nations system to make evidence-based, effective and results-oriented investments for NCD prevention and control.

Through Australia's aid programme, we work with partner Governments to improve systems and policies that deliver better health in our region, including through financing, access to medicines and increased availability of skilled health workers to reach the poorest and most marginalized populations. We will prioritize the empowerment of women and girls and invest in maternal and child health and nutrition programmes in our region. We recognize the importance of good nutrition in the prevention and management of NCDs. In particular, we acknowledge that several countries in our region continue to face high numbers of undernourished children at the same time as they respond to increasing overweight and obesity rates. That is the double burden of poor nutrition, leading to NCDs. It is a significant challenge, so we will continue to pursue partnerships with multilateral health agencies, civil society organizations and the private sector to ensure that we achieve our investment outcomes in a cost-effective manner.

At the international level more broadly, Australia has provided input to the Commission on Narcotic Drugs and to the World Health Organization on improving appropriate access to medical opiates for pain relief and palliative care, emphasizing the need for multisectoral action and engagement across the Member State community.

Australia is working hard domestically to address NCDs. The Australian Government is currently developing a national diabetes strategy to improve the coordination of systems and services at the national level. With the support and engagement of a range of food industry stakeholders, non-governmental organizations and health professionals, we have developed a new food labelling system to be rolled out over the next five years. That voluntary system will provide relevant and accessible nutrition information and guidance on packaged food products so that consumers of all ages can make informed choices about the foods they eat.

The Sporting Schools Initiative is also part of Australia's commitment to tackling increasing levels of obesity among children by encouraging their participation in sport-based activities before, during and after school. By sending positive health messages to children and young people, we can help them develop the skills, habits and knowledge they need to reduce their risk of developing lifestyle-related chronic diseases as adults.

We are also especially proud of our record in reducing tobacco use in Australia. Australia has been a strong supporter of and has utilized the Framework Convention on Tobacco Control to implement significant tobacco-control measures, including the introduction of mandatory plain packaging. Preliminary data suggest that the total consumption of tobacco and cigarettes is at the lowest levels ever recorded in Australia. Our latest survey data from 2013, representing 12 months following the introduction of plain packaging, will be released shortly. We will then see if the tobacco industry's claim that plain packaging would lead to an increase in smoking rates has any validity. We are aware that other member States recognize the potential of mandatory plain packaging on tobacco products, and we welcome opportunities for further discussion on that with any interested delegations.

Those are just a few examples to illustrate Australia's commitment to addressing the impact of NCDs on individuals and communities through high-quality primary health care and secondary prevention. But we also recognize that addressing NCDs is not just an issue for the health sector. Our domestic and international health programmes on NCDs include disease-specific strategies and initiatives that target specific population groups of all ages and that recommend multisectoral action to tackle risk factors that are common to a range of diseases. We look forward to an informative and interactive exchange over the next two days, and welcome the adoption of the outcome document (resolution 68/300) early in the meeting. That document presents a comprehensive analysis of the progress we have made on the prevention and control of NCDs and charts an action-oriented path forward that we can all strive to follow.

Mr. Ushio (Japan): At the outset, on behalf of the Japanese delegation, I would like to express my gratitude for the opportunity to deliver a statement at this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs).

I would also like to express my sincere respect and appreciation to Secretary-General Ban Ki-moon; Ms. Margaret Chan, Director General of the World Health Organization (WHO); and Ms. Helen Clark, Administrator of the United Nations Development Programme, for their outstanding efforts in successfully convening this Meeting.

Even now, with fewer than 540 days left to achieve the Millennium Development Goals, we have been given the new task of devising future health strategies and reaching agreement on the post-2015 global health agenda. That task comes also in the context of the ever-increasing burden of non-communicable diseases, not only in developed countries but also in developing ones. Developing countries therefore face the challenge of having to address the double burden of communicable diseases and NCDs.

Active discussion of the issue of global health is ongoing in such forums as the Open Working Group on Sustainable Development Goals through the formulation of a post-2015 development agenda. In that context, we sincerely welcome this High-level Meeting on NCDs, which aims to stave off the threat of NCDs, itself one of the many important steps needed to ensure sustainable development.

Today, over 60 per cent of annual global mortality is attributable to NCDs. Yet, as their development and progression are inextricably linked to lifestyle-related behaviours, NCDs are largely preventable through the implementation of appropriate measures. In tackling NCDs, it is essential to ensure a comprehensive approach that includes prevention, diagnosis and treatment. In addition, it is important to ensure that all three of those aspects are working in parallel, and that health-care systems themselves are stable and sustainable.

My delegation believes it crucial that all patients with NCDs be able to access essential health services without suffering crushing or untenable financial burdens. In that regard, Japan reiterates that it is indispensable for NCDs to be addressed through the achievement of universal health coverage that ensures access to essential health services for all individuals, while protecting them from financial risk. Furthermore, it is also important to address the social and environmental determinants of health in the prevention of NCDs. We expect a multisectoral or so-called health-in-all policy approach to be established towards that end.

Japan has had a universal health insurance system extending to all citizens for the past 50 years. We were able to establish our low-cost and equitable system even at an early stage of Japan's economic development, and the system has enabled us to greatly decrease such burdens as child mortality and the mortality rate for cerebrovascular disease. My delegation believes that in part through the establishment of universal health coverage and all its attendant benefits, Japan managed to achieve its world-famous high standard of health and exemplary health indicators, including one of the longest average life expectancies in the world.

In 2013, Japan revised the policy on its national health promotion movement for the twenty-first century in order to advance the overall movement and encourage the improvement of healthy lifestyles. Furthermore, in order to address issues related to cancer, cardiovascular disease, chronic obstructive pulmonary disease and diabetes, the second term of Health Japan 21 promotes primary prevention through behavioural changes, including physical exercise and improvements in dietary patterns, and focuses on the prevention and control of the more severe complications of these diseases.

In addition to voluntary personal preventive measures, such as improving one's nutrition and diet, increasing one's physical activity and exercise, and the reduction or cessation of drinking and smoking, we are also encouraging and strengthening the promotion of health through social policies. Staying healthy enables people to exercise choices, pursue greater opportunities and plan for the future. Health is one of the most essential components of human security, which Japan regards as an important and crucial element in the achievement of sustainable, inclusive and equitable economic growth.

Allow me to conclude my remarks by expressing the ardent hope that NCDs will be included as an important issue in the context of setting the post-2015 development agenda, and our belief that stronger implementation of measures against NCDs will help avert millions of deaths and untold suffering from these preventable diseases.

Mr. Ghali (Canada): The Government of Canada remains concerned over the high rates of non-communicable diseases (NCDs). As in other countries, NCDs are a leading cause of death in Canada and reduce our quality of life. The 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) put a priority on prevention, and our newly adopted outcome document (resolution 68/300) renews and reaffirms that priority. Both high-level documents recognize the role and responsibility of Governments in responding to the challenge.

In Canada, for the past 10 years all levels of Government have demonstrated leadership in addressing NCDs. As an example, Government tobacco- control measures have reduced smoking levels in Canada to a historic low. Since 2011, we have responded to the charge of the Political Declaration by reinforcing our efforts to address NCDs, in collaboration with our provinces and territories, by placing an initial focus on childhood obesity and the promotion of healthy weights.

The Political Declaration also recognizes the essential need for the efforts and engagement of all sectors of society in order to generate effective responses. Canada warmly welcomes the participation of stakeholders from outside Government as part of that review. In 2010, Canada's Health Ministers affirmed that all-of-society approach to public health, stating that health promotion is everyone's business in our milestone declaration on prevention and promotion.

We know that public-health challenges, such as the prevention of NCDs, need collaborative action. That is why communities, academia, the not-for-profit and private sectors, and all levels of Government must and are coming together for meaningful and lasting change. By working together, the Government and our partners are leveraging knowledge, expertise, reach and resources, allowing each to do what it does best in working towards the common shared goal of producing better health outcomes. For example, we have seen the tangible benefit of that approach through the Canadian Partnership against Cancer, an innovative knowledge-based, arm's-length organization that brings together diverse partners to implement the Canadian strategy for cancer control.

While our underlying principles around prevention and health promotion remain the same, we as a federal Government are committed to working differently, with the goal of lasting change. For example, we have moved upstream from a disease-specific approach towards a focus on common risk factors, as we committed to doing in 2011. We have broadened our engagement with the public and with decision-makers through more open access to our data and knowledge products and an increased focus on policy-relevant indicators.

Finally, we have redesigned and launched a new multisectoral partnership approach to our federal funding. That means that our funding in healthy living and NCD prevention is focused on supporting our most innovative and transformative ideas, in collaboration with all sectors in Canada, and moving from simple awareness-raising to initiatives that target real behavioural change.

Importantly, our investments are tied to performance and results, which amplifies the impact of our public-health programmes. We know that there is no one-size-fits-all solution and recognize the challenge before us. Bringing about the change that we seek will require work at home and globally. Through this review, we can share our experiences and learn from each other, and through collaboration and innovation we can accelerate the speed of change and improve the health and lives of people around the world.

Mr. Persaud (Guyana): The Government of Guyana reaffirms its commitments as reflected in the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex).

My delegation aligns itself with the statements delivered by the representatives of Bolivia, on behalf of the Group of 77 and China, and of Suriname on behalf of the Caribbean Community (see A/68/PV.100).

Non-communicable diseases (NCDs) are a growing threat to the development of our societies. They are now rightly acknowledged to be a major development challenge of the twenty-first century as the leading cause of death worldwide. Almost two thirds of all global deaths are due to NCDs. Guyana joins our fellow members of the Caribbean Community in calling for continuing efforts at all levels to address that threat to sustainable development.

My Government continues to place great emphasis on curbing the threat of non-communicable diseases. Guyana launched its multisectoral national health strategy, Health Vision 2020, and its NCD strategy in 2013, with the defined time frame of 2013-2020. Utilizing a multisectoral approach, the Ministry of Health continues to promote a comprehensive wellness programme throughout the country. The Ministry actively engages in and promotes media campaigns to highlight the damaging effects of tobacco and alcohol abuse, while public campaigns are a part of the health sector's goal to promote healthy lifestyles, especially with regard to diet and physical activity. The Ministry supports regular medical outreach efforts throughout the country to further sensitize the public about the non-communicable disease epidemic.

With respect to national health-care systems, Guyana believes that cost-effective interventions to combat the spread of non-communicable diseases are necessary. In that regard, we recommend screening for the prevention of cervical cancer that includes methods such as visual inspection using acetic acid, linked with timely treatment of precancerous lesions.

At the global level, we recognize the good work of the World Health Organization in raising awareness on the prevention and control of NCDs. In that regard, the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 and its indicators and global monitoring framework constitute an integral part of the development of national planning in health. At the same time, the national efforts of developing countries in combating non-communicable diseases face major challenges. The national public health burden places stringent challenges on national budgetary allocations. In that regard, my country also supports the call for the adequate mobilization of resources, both domestic and external, to support the implementation of national efforts. More equipment, reagents and medical supplies are still needed for community health centres and hospitals to ensure that they are stocked with the necessary items to continue to fight against NCDs.

The development challenges posed by NCDs have negative economic, social and environmental consequences on our evolving societies. As we continue our discussion on the post-2015 development agenda, we must renew our focus on non-communicable diseases as part of the global health agenda of preventing ill health and deaths.

In conclusion, I wish to note that a few years ago HIV and AIDS stood in the same position that NCDs now occupy. However, after intense response the battle against HIV and AIDs has seen impressive progress. No less a result is expected with NCDs. In that regard, we look forward to strong leadership and political will, as set out in the 2011 Political Declaration, and to commitments reflected in the outcome document of this meeting (resolution 68/300). My Government therefore reaffirms these commitments and pledges its support as we move forward in our quest to prevent and control this epidemic facing our society.

Mr. Tilluckdharry (Trinidad and Tobago): Trinidad and Tobago aligns itself with the statements delivered by the representatives of Bolivia, on behalf of the Group of 77 and China, and of Suriname on behalf of the Caribbean Community (see A/68/PV.100).

We also join other delegations in welcoming the convening of this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs). It is most opportune in the light of the ongoing discussions to shape the post-2015 development agenda. NCDs must be adequately addressed in this new global development agenda.

In Trinidad and Tobago, non-communicable diseases — particularly heart disease, cancer, diabetes and cerebrovascular diseases — account for over 60 per cent of all deaths. There is also a high exposure to the four common risk factors associated with the four most prevalent NCDs, which are tobacco use, the harmful use of alcohol, physical inactivity and unhealthy diets. Subsequent to the hosting of the landmark High-Level Meeting on the Prevention and Control of Non-communicable Diseases in 2011 and, even earlier, following the adoption of the 2007 Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic NCDs, Trinidad and Tobago had implemented a number of strategies to address specific areas in the fight against non-communicable diseases. These relate to the establishment of a multisectoral mechanism and multisectoral actions to address NCDs, taking measures to reduce exposure to the four common risk factors, establishing national targets in line with global targets to reduce the development of NCDs, integrating NCD care into all primary health-care centres, and embarking on an active campaign to create healthy environments and promote healthier lifestyles.

In that regard, the Government of Trinidad and Tobago created two specific initiatives. The first is the Partners Forum Working Committee for Action and NCDs, which adopted a whole-of-society and whole-of-Government approach to this significant challenge, and created a platform for private-sector and civil-society groups to work in partnership with the public sector to address the prevention and control of NCDs. The second initiative was the establishment of a committee on the social determinants of health, among other things, to utilize a health-in-all-policies approach that promotes conditions to reduce the social, economic and environment risk factors of NCDs.

Another important initiative has been the Chronic Disease Assistance Programme, which provides medications free of charge for several NCDs. A recently concluded evaluation by the Pan American Health Organization showed that, from 2004-2008 in Trinidad and Tobago, cardiovascular disease mortality rates significantly declined by 5,207 deaths, 3,038 male and 2,169 female. In total, the age-adjusted mortality rate has dropped 18.8 per cent since 2004, with the effect growing over time. The study concluded that the drop in cardiovascular disease mortality rates observed in Trinidad and Tobago was most likely the result of preventative treatment under the Chronic Disease Assistance Programme.

Trinidad and Tobago also recognizes the critical importance of health education and health literacy at all levels. Consequently, the Health Education Division of the Ministry of Health has developed several health education and information strategies and programmes in and out of schools, and through public-awareness campaigns based on data collected, which have identified the issues about which awareness was critically needed. The Ministry of Health is also working to strengthen and create health-promotion environments, implementing measures to restrict the sale of unhealthy foods in schools, establishing a national oncology centre to provide best-in-class cancer care, the introduction of the human papillomavirus vaccine as a preventative strategy for cervical cancer, and integrating smoking-cessation clinics into primary health care. A number of programmes have also been implemented to improve screening, treatment and care, and to enable citizens to make healthier choices in order to prevent NCDs or to manage living with them.

While progress has been made, challenges persist that affect our ability to address the incidence of NCDs at the national level. These include the growing incidence of childhood obesity, the need for technical assistance to build capacity, including in the area of NCD surveillance, working with the manufacturing sector to reduce salt, sugar and fat in foods, and access to resources help the shift from commitment to action. Trinidad and Tobago also submits that there is a need to strengthen legislation for the prevention and control of NCDs and for a supportive and enabling international environment in order to bolster such action, particularly in small States such as ours.

Trinidad and Tobago remains fully committed to addressing NCDs and to ensuring that they remain on the international agenda so that we can all work together to address not only the health-related consequences of these diseases but also, most importantly, the significant human and socioeconomic development challenges that exist as a result. Evidence strongly supports the view that the collective and multisectoral approach is required; that prevention and health-promotion strategies should be strengthened, adequately funded and prioritized; and that solutions are not merely medical, but must address social determinants that often cause ill health, in order to effectively address the non-communicable-disease challenge.

As the United Nations continues to tackle this issue, Trinidad and Tobago looks forward to the active involvement of the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs. It also supports the Member States in the strengthening of their national capacities as required, and in better understanding and addressing the development challenges that persist as a result of NCDs prevalence.

Mr. Ntwaagae [unbold](Botswana): At the outset, allow me to join other delegations that have taken the floor before me in thanking the President for convening this High-level Meeting. My delegation aligns itself with the statement delivered earlier today by the Permanent Representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100). We wish to express our gratitude to the President for his leadership and his continued efforts to galvanize action on the prevention and control of non-communicable diseases (NCDs) at the global level. We also recognize the work of the World Health Organization and other relevant stakeholders in that regard. All those efforts are instrumental in guiding our national response to NCDs.

Botswana attaches great importance to the prevention and control of NCDs. In that regard, we welcome this opportunity to contribute to the review and assessment of the progress achieved in the prevention and control of NCDs, as mandated by the General Assembly in 2011. We thank the Secretary-General for the report of the World Health Organization on the prevention and control of NCDs (A/68/650).

When our leaders met here in 2011, it was the first High-level Meeting on the Prevention and Control of Non-communicable Diseases and a unique opportunity for the international community to take action against NCDs as a global priority. The significance of that meeting was the recognition that we could no longer ignore the rising epidemic of NCDs and their immense negative impact on the socioeconomic development of countries and the well-being of our peoples around the world. The meeting brought much-needed global attention to the issue. We are committed to taking action and to setting ourselves ambitious targets for a world free of the burden of NCDs. However, we recognize that the challenges facing us are still immense.

The report of the World Health Organization highlights the insufficient and uneven progress achieved in the prevention and control of NCDs. We also note with concern the new dimensions to the challenge of NCDs stated in the report, which include the vast majority of premature deaths of individuals caused by NCDs. We also note that those premature deaths are linked to exposure to risk factors and weak health systems that do not respond effectively to the heath-care needs of people with NCDs.

As underscored in the same report, Botswana is also concerned about the exorbitant costs of NCDs, which continue to force millions of people, especially in Africa, into poverty and stifle development. However, my delegation believes that the international community should not be deterred by the magnitude of the problem and the limited progress achieved to date. In that regard, we are encouraged by the bold actions and initiatives undertaken by many countries, including my own, to combat NCDs. The development and implementation of policies and programmes in a growing number of countries provide a strong foundation to accelerate progress.

To that end, I wish to emphasize the need to put to use the lessons learned and the evidence of what works in order to scale up our efforts and to build on the progress achieved. Furthermore, the recommendations in the report of the World Health Organization also provide the basis for actions that we need to take to deliver on the promise and commitments made in the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) to move from commitment to action and to accelerate progress.

As Secretary-General Ban Ki-moon once said:

> "Addressing NCDs is critical to global public health, but it will also be good for the economy, for the environment, and for the global public good in the broadest sense. If we come together to tackle NCDs, we can do more than heal individuals — we can safeguard our very future". (*A/66/PV.3, p. 4*)

We share that view. In that connection, there are ongoing efforts at the national level aimed at addressing NCDs, with progress being realized in some areas, including maternal and child health, surveillance of NCDs and their risk factors and monitoring and evaluation of NCDs, as well as lifestyle modification.

Botswana has established policies and programmes that continue to guide its efforts. Those include the strategic plan for the prevention and control of NCDs 2011-2016, which is currently being implemented, and the national alcohol policy, which was designed to provide a comprehensive guide for priority-setting, programme development and implementation, intersectoral coordination and evaluation.

With regard to the surveillance of NCDs and their risk factors, Botswana has established an integrated disease surveillance and response system that has been reporting mostly on infectious diseases. However, the non-communicable-disease surveillance has been recently revised and incorporated into its reporting format. In that regard, Botswana has baseline data on NCDs and their risk factors. Consistent with the requirement that the monitoring and evaluation of NCDs and their risk factors should be carried out at least every five years, Botswana, in cooperation with other partners, is currently preparing for the second survey on NCDs, which is to be undertaken later this year.

Recognizing that the challenges posed by NCDs cannot be addressed by the ministries of health alone, cooperation with other sectors beyond the health sector is ongoing. Cross-sectoral stakeholders are involved in health education and community mobilization. They use various communication strategies, such as the print media, radio and television, on NCD risk factors and behaviour change. Botswana is also working with international partners and non-governmental organizations.

While Botswana is classified as a middle-income country that has achieved some measure of socioeconomic development, I wish to take this opportunity to emphasize that, like other developing countries, Botswana faces numerous developmental challenges. The high rates of morbidity and mortality due to communicable diseases, such as HIV and AIDS, are still a great challenge. Our priority is therefore to ensure that the progress achieved is not reversed by the rising tide of NCDs. In that regard, we join other countries in reiterating the need for continued support to Governments to enhance their national capacities to address NCDs and to mitigate the impact. International cooperation and the mobilization of resources also remain critical to national responses to NCDs.

I wish to conclude by reaffirming Botswana's commitment to the implementation of the Political Declaration on NCDs and the importance that we attach to the realization of the right of all to the enjoyment of the highest attainable standard of physical and mental health.

Mr. León González (Cuba) (*spoke in Spanish*): Cuba fully associates itself with the statement made earlier today by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100). We congratulate the Ambassadors of Belgium and Jamaica on their excellent work as the facilitators of this process.

Cuba acknowledges the efforts of the General Assembly, the World Health Organization, States and other stakeholders in the preparation of this High-level Meeting, as well as the steps taken in previous years towards implementing the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), adopted in 2011. It is an issue of the utmost importance for the health and economic development of the populations of all countries of the world, in particular the poorest ones. Cuba actively participates in those international efforts despite the severe limitations imposed on it by the economic, commercial and financial embargo and the international economic crisis.

Public health in Cuba is a fundamental human right that benefits all its citizens without distinction. The Cuban national health system is characterized by being unified, free and accessible, and offers universal coverage based on primary health care, broad community and intersectoral participation, and a deeply rooted internationalist perspective. The broad transformations effected by the Cuban revolution in that realm are well known and enjoy international recognition. Cuba recently presided over the sixty-seventh session of the World Health Assembly of the World Health Organization in Geneva, which we view as international recognition of our country's achievements in the area of health.

Some of our results include Cuba's infant mortality rate of 4.2 for every 1,000 live births in 2013, an indicator that has remained below 5 for five consecutive years, as well as Cuba's contribution to health care in more than 120 countries around the world through the presence since 1960 of 135,000 health workers, a figure that currently stands at more than 50,000 in 65 countries. Non-communicable diseases represent a global health problem that requires national, regional and international actions.

Given the social, economic and health implications of those diseases, Cuba's Government, the various social sectors, and social and mass organizations are preparing a set of comprehensive actions for promoting health and preventing disease, drawing on international experience as well as on our own, with a view to implementing swifter change at both the local and national levels. To that end, improved public policies are being introduced; priority within the national health system is being given to primary and comprehensive health care, including the prevention of non-communicable diseases; and better education, information and social communication are being implemented in order to mobilize all sectors. Such actions should cover the entire life span and inculcate healthy habits from an early age.

The new post-2015 development agenda should incorporate health goals within its principal objectives for the eradication of poverty, including the prevention and control of non-communicable diseases. Implementation measures should guarantee the achievement of those goals. The material and financial resources exist and would be available for sustainable development if there were sufficient political will focused on human well-being.

The enormous global military outlays, to give just one example, would suffice to eradicate poverty and promote sustainable development. The elimination and prohibition of nuclear weapons would also free up the resources needed to protect and sustain the lives of millions of people on the planet instead of representing a potential vector of terror and worldwide destruction. It is a fact that although such programmes exist and although various countries in Latin America and the Caribbean have taken short- and medium-term preventive actions of proven effectiveness, lifestyle changes linked to social and economic factors are difficult to control if they are not addressed in a comprehensive manner and endowed with sustainability that allows them to be maintained over time. That is a challenge that many countries will have to face.

Cuba agrees with the notion that only the coordinated, comprehensive action of Governments working with the different sectors of civil society — maintained over time and including a focus on the social and economic determinants of health, greater social justice and equal access to the opportunities and basic necessities for good health, especially for poor families and individuals — will make it possible to prevent non-communicable diseases. That should not detract from the importance of preventing and controlling communicable diseases or maternal and child health, but international cooperation should produce a similar response to that involved in addressing HIV/AIDS, tuberculosis, malaria or dengue as emerging or re-emerging illnesses, on both the technical and a financial levels, with funding directed to poor countries.

Cuba will continue to prioritize the health of its people and will maintain its modest efforts to collaborate with other countries, including through comprehensive attention to non-communicable diseases and their risk factors.

Mr. Šćepanović (Montenegro): Montenegro fully aligns itself with the statement delivered by Mr. Tonio Borg, Commissioner for Health and Consumer Policy of the European Union (see A/68/PV.100). However, I would like to make a statement in my national capacity.

This High-level Meeting comes at a very important moment, since we have already entered the final year for reviewing and assessing the progress achieved in the prevention and control of non-communicable diseases (NCDs). Three years have passed since the adoption of the Political Declaration of the High-level Meeting on this topic (resolution 66/2, annex). It is encouraging that we have taken significant steps forward, but at the same time we must commit to doing more. I strongly believe that this Meeting, which gives us the opportunity to discuss what we have done in the field of preventing NCDs and to share best practices and lessons learned, as well as to prioritize non-communicable diseases in the national and regional agenda, will contribute to combating that phenomenon.

The causes of NCDs and their risk factors are largely determined by the social, physical and economic environment. Combating NCDs therefore requires action on the social determinants of health by all sectors, including education, agriculture, trade, urban planning and transportation, as well as the activities of other actors who play important roles in creating healthy environments and making healthy choices available. In that spirit, Montenegro stresses the need for a more comprehensive approach that requires all sectors to work together in order to reduce the risks associated with NCDs, as well as to promote interventions to prevent and control them.

Non-communicable diseases have a tremendous impact on the lives of affected persons and their families, their well-being and their ability to work. That, in turn, poses major challenges not only to the health system but also to the economy and other sectors of society. Currently, two thirds of deaths in Montenegro are due to NCDs, a figure similar to that in other European countries. Although NCDs represent a serious burden, prevention is possible. It is estimated that if the four major behavioural risk factors were eliminated, 80 per cent of all heart disease, stroke, type 2 diabetes and over 40 per cent of cancers would be prevented. That leads us to conclude that cost-effective prevention options exist.

Montenegro has made great progress in improving its response to NCDs by adopting and implementing several policy documents, including a strategy for the control and prevention of NCDs for the period 2008-2020, which is being revised and updated in line with new relevant national, regional and global documents, along with an action plan for its implementation for the period 2014-2015, a national strategy for preventing the harmful use of alcohol for the period 2013-2020, an initiative for reducing excessive salt in food, and others. Those documents include strategic objectives, development goals and measures to be implemented in the next four years.

As a member of the South-eastern Europe Health Network, Montenegro will host the Regional Health Development Centre for NCDs. The Centre will coordinate cooperation between the South-East Europe public-health institutions in the field of NCDs, with the goal of improving the subregional response to the NCD epidemic, which constitutes a growing public-health challenge. The Regional Centre's activities will contribute to the reduction of the burden of NCDs in the region in a coordinated way, in line with the World Health Organization's Health 2020: the European policy for health and well-being, the Global Action Plan for the Prevention and Control of NCDs 2013-2020, the Action Plan for the European Strategy for the Prevention and Control of Non-communicable Diseases, and other relevant documents. Targeted health-care initiatives, capacity-building and policy engagement will be carried out in accordance with the work plan of the Regional Health Development Centre for NCDs.

Montenegro recognizes that the reduction of exposure to common risk factors for the main group of NCDs and choosing healthful lifestyles are key elements of the prevention and control of NDCs. Aware that an adequate educational system can be of great use in fighting NCDs, Montenegro has added the subject of healthy lifestyles to the curriculum of elementary and high schools. In that way, we encourage and empower young individuals to choose a healthy way of living as the best way to prevent non-communicable diseases.

The meeting rose at 6.15 p.m.

United Nations

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General Assembly

Sixty-eighth session

Official Records

102nd plenary meeting

Friday, 11 July 2014, 10 a.m.
New York

President: Mr. Ashe .... (Antigua and Barbuda)

In the absence of the President, Mrs. Miculescu (Romania), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

Agenda item 118 (*continued*)

Follow-up to the outcome of the Millennium Summit

High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

Mr. Sareer (Maldives): On behalf of the Republic of Maldives, I wish to express our appreciation to the President of the General Assembly for convening this High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs).

My delegation aligns itself with the statement made by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

The Maldives has long championed the technical guidance of the World Health Organization (WHO) in the control of communicable diseases. Over the past few decades the burden of communicable diseases has been reduced to a manageable level.

As is the trend in many other countries, in the past decade the Maldives has been plagued with chronic non-communicable diseases. NCDs have emerged as the main cause of morbidity and mortality in the country. In the Maldives, NCDs, including injury, account for 78 per cent of the total disease burden, with cardiovascular, ischemic, hypertensive and chronic respiratory diseases and diabetes as the leading killers. In recognition of the situation and the challenges that lie ahead, the Maldives — under the auspices of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, which followed the Political Declaration of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) — has embarked on a holistic approach to control NCDs in the country.

Aligning itself with the Global Action Plan and the global targets for controlling the four major risk factors for NCDs, the Maldives has already developed a national multisectoral action plan for 2014-2020. Tobacco-control legislation that complies with the WHO Framework Convention on Tobacco Control (FCTC) has been in place since 2010, with a multisectoral statutory body to oversee its implementation.

We recognize that the prevention and control of non-communicable diseases requires holistic, rational and cost-effective approaches over the course of a lifetime. We believe that as we move forward in our efforts, we should always be mindful of the globally recognized challenges, opportunities and best practices, as well as those related to the country context. In that regard, my delegation wishes to highlight the following approaches.

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First, regional and international collaboration is crucial in meeting the NCD targets. That includes harnessing the collective will of all sectors, taking coordinated and shared actions against negative promotions and advertisements of harmful goods, harmonizing tobacco taxes and strengthening anti-smuggling measures.

Secondly, to further strengthen the regions' capacity, opportunities for greater collaboration must be explored, such as sharing and utilizing training capacities, sharing information on research and best practices, benefiting from the pooled procurement of items such as essential medicines, combining markets and gaining price advantages through economies of scale that would otherwise not be possible for smaller countries.

Thirdly, implementation efforts at the country level should recognize the importance of a cohesive plan that should seek to align with or incorporate related international agreements and instruments, including the FCTC, the Global Strategy to Reduce the Harmful Use of Alcohol and similar agreements and recommendations for the marketing of food products.

Fourth is recognizing and agreeing that tobacco control remains the most challenging but cost-effective strategy to control NCDs, and fifth is recognizing that our efforts to control NCDs would pit us directly against powerful business interests. Whether those efforts involve tobacco control, unethical marketing, food labelling or tax increases, industry pressure and interference will always be a challenge that we have to confront head on and overcome.

In closing, I wish to emphasize that controlling chronic diseases is the key to a healthy and productive population. Success will require a sustained, long-term commitment from international agencies, Governments, local leaders, civil society and all of us. As we embark on this important review, I wish a successful outcome to all.

The Acting President: I thank the Permanent Representative of Maldives not only for the substance of his statement, but for keeping it short. We have 21 speakers left on the list. I would like to appeal to all of our colleagues to deliver a condensed version of their statement and distribute the full version through the website.

Mr. Rupanichkij (Thailand): At the outset, allow me to express our appreciation for the organization of this meeting on the very important issue of non-communicable diseases (NCDs), which annually affect more than 36 million people, 80 per cent of whom are in low- and middle-income countries.

Thailand welcomes the progress in implementation of the Political Declaration of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). The Political Declaration is an important document that paved the way for the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, which encompasses nine voluntary global targets. We sincerely appreciate the kind co-facilitation by the World Health Organization of all processes that led to tangible outcomes. We also appreciate members' active engagement in the process.

Thailand is pleased to note considerable developments in the prevention and control of NCDs in recent years, namely, the Political Declaration, the overarching target of reducing premature deaths by 25 per cent and the nine voluntary global targets under the Global Action Plan adopted in 2013. In addition, the indicators and long-term reference processes for the global coordination mechanism and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases were set out in May of this year.

Although several frameworks have been set out at the global level, it is very unfortunate that only limited changes have been seen on the ground. Thailand believes that it is now time to walk the talk and fulfil our responsibility to set up effective implementation on the part of Member States. Delay in commitment will result in an increased death toll from NCDs, which will subsequently result in economic losses.

To see changes on the ground, Thailand believes it is vital to change our paradigm in addressing the major myths about NCDs. We must acknowledge that tackling NCDs will not halt economic growth; on the contrary, it will promote economic development in the long run. This notion has been seen in the light of the promotional appeal, which is complementary to the promotion of goodwill. They are mutually reinforcing, as investments made in NCD prevention and control will lead not only to improvements in health, but also to overall social and economic development and well-being.

Thailand has endeavoured to develop various means to prevent and control NCDs at the national level. In June, the sixth national health assembly adopted a resolution on a national target on the prevention and control of NCDs in Thailand. The resolution fine-tuned our national target, in line with the global and South-East Asia regional targets, and strengthened the surveillance and information system. It also marked the beginning of the process to develop Thailand's national NCD prevention and control strategy.

At the regional level, Thailand, in cooperation with the Association of Southeast Asian Nations plus China, Japan and the Republic of Korea (ASEAN+3), cooperates on universal health coverage to contribute to the prevention and control of NCDs. The first steering committee meeting of the Network of ASEAN+3 on universal health coverage, organized by Thailand in April, was tasked to organize, discuss and agree on a plan of action. The Network will provide a platform to support and accelerate development for well-being and a sustainable universal health-coverage system that encompasses the control of NCDs.

At the global level, Thailand supports and welcomes the inclusion of NCD prevention and treatment as one of the targets of the sustainable development goals (SDGs). Thailand seeks to continue support and cooperation on the issue of NCDs so that it remains a global issue and an SDG in the post-2015 development agenda.

In our experience, the prevention and control of NCDs stands to benefit significantly from strengthened health systems, especially universal health coverage. Promotion of a universal health coverage system can be an overarching goal for improving health outcomes at the national level and achieving the global NCD target. Universal health coverage provides health equity by ensuring the right to health care and better health at an affordable price, which is the fundamental goal in providing health services. It enables access to health care and minimizes household financial catastrophic spending on health care. That, in turn, prevents the social costs of medical bills.

Thailand took the time to develop universal health coverage and achieved it in 2002. We are happy to share our experiences and best practices and to cooperate with other countries in developing and strengthening the universal health coverage system.

In closing, Thailand reiterates its support for the comprehensive outcome document of this meeting (resolution 68/300) and looks forward to working closely with other Member States on this important global agenda item, during this meeting and beyond.

Mrs. Rubiales de Chamorro (Nicaragua) (*spoke in Spanish*): My delegation wants to thank the President of the General Assembly for convening this important meeting. We also want to thank the Caribbean Community for its work in this area.

We want to align ourselves with the statement delivered by the representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

According to studies carried out by the World Health Organization, it is estimated that in the coming years the number of people dying from non-communicable diseases (NCDs) will continue to increase globally. Our countries must undertake commitments in order to be able to fight those diseases. That is why our Government, which is committed to the well-being of its people, is developing a strategy which has greatly helped to prevent diseases. The strategy has to do with clean, healthy and good living. It is a strategy in which all communities are struggling to maintain clean homes, eat healthily and develop healthy habits, which help to prevent the chances of getting sick.

As part of the living-well campaign, the authorities of the Ministry of Health and the Ministry of Labour have been steadily developing and promoting preventive health measures, which involve all Nicaraguan citizens through the offices of the family, health and home, with a view to ensuring the well-being of Nicaraguan citizens. Avoiding the start and development of some diseases will depend on each family's quality of life, taking into account their good eating habits and habits that are healthy and in accord with Mother Earth. All diseases and habits are preventable, and the earlier they are detected, the easier it is to treat them. That is why prevention and early-detection activities for men and women are being carried out through health fairs and health days aimed at detecting different diseases.

In recent years the public health system in our country has increased and extended all health services across the country, increasing the network of services in 1,235 health units and increasing the medical personnel throughout the country. In May 2013, Nicaragua hosted the Mesoamerican meeting on public health, which included the participation of representatives of all of Central America — Belize, Colombia, Mexico and the Dominican Republic. They came together to develop strategies to combat the diseases most common among the people of the region. The meeting was held in order to review the progress of the Mesoamerica Health 2015 programme, which is an international cooperation initiative to strengthen factors such as combatting child malnutrition and teenage pregnancy. Action plans were also agreed on for issues such as dengue fever, road safety, smoking regulations and communicable and non-communicable or chronic diseases.

In Nicaragua, the Mesoamerica Health 2015 programme is being implemented in 190 communities of 19 municipalities of four local systems of primary care, or SILAIS. It seeks to improve access to maternal and child health services, based on the family and community health model and the autonomous intercultural health system in the North Atlantic Autonomous Region.

It is clear to us that the promotion of health and the prevention of diseases is the most suitable long-term solution to the problem of chronic non-communicable diseases. In that regard, the Ministry of Health, together with community networks, is already working on promoting health, starting with the community. Preventive and community health is what will ensure the health of all Nicaraguans and that the rates of disease do not increase.

Mr. Mukerji (India): I thank the President for convening this High-level Meeting.

Non-communicable diseases (NCDs) have emerged as the leading cause of disability and death globally. They impact productivity and impoverish society due to burgeoning health expenditures. They pose a mounting challenge to health-care practitioners and policymakers.

India aligns itself with the statement made by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke was launched in India in 2010 as a pilot project in 100 districts. It has since been extended to all 640 districts of our country, with a projected budget of $2 billion for the 2012-2017 period. Additionally, approximately $900 million have been allocated for strengthening comprehensive cancer care. The priority areas are, first, creating general awareness about NCDs and promoting healthy lifestyle habits, with the involvement of community, civil society, the media and so on. The second area is screening for diabetes, hypertension and common cancers and establishing referral mechanisms for follow-up. Third is building capacity for prevention, early diagnosis, treatment, operational research and rehabilitation at all levels of health care, and fourth is the monitoring framework, which has been established, with 10 targets and 21 indicators to be achieved by 2025, to track morbidity and mortality, risk factors and the response of national systems to NCDs. Another important endeavour is the revitalization of primary health care to integrate the response to communicable and non-communicable diseases.

India's technology innovations have led to affordable health care, not only for us but also for many other countries. These include the development of recombinant human insulin, the polypill for the prevention of cardiovascular and stroke events, a clot buster to enhance efficiency and a heart valve for rheumatic heart disease.

NCDs pose enormous development challenges for developing countries, with the poor being disproportionately affected. We must therefore address the barriers that restrict access to affordable and newly developed medicines. It is vital to ensure universal access to medicines, including through the full use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Declaration on the TRIPS Agreement and Public Health.

We also need to share resources, technical expertise and best practices to improve the capacity, accessibility and affordability of health care in a collaborative manner to combat NCDs. I would like to thank the World Health Organization for its Global Action Plan for the Prevention and Control of NCDs 2013-2020. We believe that the issues I have just highlighted should be included in our discussions on the formulation of the post-2015 development agenda.

In conclusion, let me reaffirm India's strong commitment to the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), as well as the outcome document of this meeting (resolution 68/300) .

Mr. McLay (New Zealand): New Zealand welcomes this High-level Meeting to review progress on the prevention and control of non-communicable diseases (NCDs). It is an important signal of our collective ongoing commitment to addressing the issues that those diseases pose for every one of us.

New Zealand takes a strong interest in dealing with non-communicable diseases from a national, regional and global perspective. Within New Zealand we experience high rates of obesity, cardiovascular disease, diabetes and cancers. We seek to address those issues through a suite of policy measures in line with the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), and we give high priority to averting the NCD crisis.

New Zealand is also focused on assisting the Pacific region, our immediate neighbourhood, to make progress on NCDs. It is a key priority under our aid programme in the Pacific. NCDs are a major health challenge in the region, so much so that in 2011, Pacific Islands Forum leaders declared that "the Pacific is in an NCD crisis". The region experiences very high rates of premature deaths, and NCDs are responsible for nearly 70 per cent of all deaths. So in those circumstances we give high priority to addressing NCDs in the Pacific.

NCDs are not only a health challenge, they are also an economic challenge. They impose large costs on already overstretched Government health budgets and large social and economic costs on individuals and on economies. Developing countries bear a greater burden in terms of mortality and disability.

It is a cause for optimism that NCDs are largely preventable, but effective prevention and control requires reducing risk factors throughout a person's life, beginning at conception. It requires multisectoral and whole-of-Government approaches to health over a range of policy areas. In New Zealand, the combined efforts of academia, civil society and Government have led to steady progress in reducing smoking and tobacco consumption.

Like the Maldives and Nicaragua before me, New Zealand has been at the forefront of legislation for completely smoke-free environments in public places and transport, educating on the dangers of tobacco and tobacco smoke. We have made progress towards banning all forms of tobacco advertising, promotion and sponsorship. We have seen our youth smoking rate drop from 14 per cent to 6 per cent in the past five years.

New Zealand recognizes that health is both a prerequisite for and an outcome of sustainable development. Like India and Thailand, we believe that NCDs are undoubtedly one of the major challenges to development in the twenty-first century, directly impacting the achievements of internationally agreed development goals. New Zealand is committed to working with fellow Member States to achieve a collective response to this very significant challenge.

Mr. Koncke (Uruguay) (*spoke in Spanish*): Uruguay aligns itself with the statement made by the representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

Non-communicable diseases are the main threat to health, quality of life and human development at the global level. According to the World Health Organization, more than 36 million people die every year because of NCDs, accounting for about 80 per cent of deaths in low- and middle-income countries. In that regard, the main risk factors for non-communicable diseases — such as the use of tobacco, unhealthy diets, physical inactivity and the harmful consumption of alcohol — play an important role. All of those can be avoided and prevented. They are, in turn, responsible for the epidemic of excessive weight and obesity and the high prevalence of high blood pressure, high cholesterol and cancer.

It is also important to recognize mental and neurological conditions as important causes of morbidity that contribute to the burden of non-communicable diseases at the global level. A high percentage of those diseases can be prevented and their development slowed by interventions to promote health and to prevent and/or treat them in a timely manner. It is the duty of States to achieve the highest possible level of health for their populations through the comprehensive development of activities, aimed at people and at the environment, that promote healthy living conditions and participation in all those activities that contribute to improving the quality of life of the population.

We understand that in order for policies to reduce and control non-communicable diseases to be effective, the efforts and contributions of all sectors of society — including Governments, civil society, the private sector, the communications media and health and education professionals, among other social stakeholders — as well as regional and international cooperation, are needed. In the case of my country, Uruguay has specific policies for the four main risk factors, with differing levels of programme implementation and interventions and of coordination between the health sector and other sectors related to the area.

Uruguay has shown great international leadership in an area that plays an important role in non-communicable diseases — tobacco consumption, which leads globally to 6 million deaths per year and is responsible for 10 per cent of adult deaths throughout the world. Controlling tobacco consumption is of political and social importance and is a priority in the context of Uruguay's public policies. My country has implemented the Framework Convention on Tobacco Control virtually in its totality. In doing so, we achieved a ban on advertising and on smoking in public areas, controls on those areas, changes in our tax policy, a ban on names or colours on cigarette packaging that would lead to confusion with regard to the harmful nature of the product and, finally, the establishment of smoking-cessation policies.

It is also important to underscore the creation of the Centre for International Cooperation on Tobacco Control within the Ministry of Public Health, which works to control tobacco in the country and is made up of representatives of the Government and civil society. The Centre provides assistance and cooperation for the implementation of policies and the drafting of laws on tobacco control and seeks to promote an exchange of experiences in the region and with the rest of the world. Uruguay's anti-smoking campaign has led to litigation in domestic courts; Uruguay has won every case. It also led to a confrontation with the international tobacco industry on the grounds of violation of investment policies.

Although progress has been made internationally since September 2011 in addressing non-communicable diseases, that progress is insufficient. It is therefore fundamental that we redouble our efforts to bring about a world free of the avoidable burden of non-communicable diseases. In our understanding, the United Nations should play a fundamental role in the prevention and treatment of such diseases in order to ensure that we have adequate policies in the context of the international development agenda.

For Uruguay, universal health coverage should be a goal that guides the transformation of the health systems so that everyone and all communities have equitable access to the comprehensive, guaranteed and enforceable quality services that they may need during their lives without incurring financial hardship. My delegation believes we should implement policies and interventions to address the social factors that affect health and encourage the commitment of all of society to promote health and well-being, with an emphasis on groups that are living in poverty and vulnerable situations.

As part of the public-health policies, the relevant ministry in Uruguay has granted particular importance to South-South cooperation. Also, in the area of public health, our references are the Pan American Health Organization and the World Health Organization, through which we aim to extend and make useful the good experiences and good practices at the regional and subregional levels.

We recognize the importance of the usefulness of the strategies and tools developed by the World Health Organization for dealing with non-communicable diseases, among them the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 and the indicators in the Action Plan for monitoring the progress of its implementation, and the global coordination mechanism for the prevention and control of non-communicable diseases.

Uruguay suggests that the post-2015 development agenda recognize the dimension of the impact of non-communicable diseases and that it include specific goals aimed at reducing the risk factors. Among them, the need to speed up the implementation of the Framework Convention on Tobacco Control should be stressed. Uruguay is prepared to continue to work constructively with the World Health Organization to further deepen international cooperation among the member countries of that organization in order to carry out those policies.

Mrs. Bartoli (France) (*spoke in French*): At the outset, I would like to note that France associates itself with the statement delivered by the observer of the European Union (see A/68/PV.100). I would also like to express thanks for the commitment of everyone, in particular the Secretary-General, the President of the General Assembly, the secretariat of the World Health

Organization (WHO) and the two co-facilitators for their energy in preparing this High-level Meeting.

Three years after the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), cardiovascular diseases, diabetes, cancer and chronic respiratory diseases are still today the leading causes of morbidity in the world. They have been responsible for the deaths of 36 million people in 2008 and 60 per cent of deaths worldwide, 80 per cent of which are in low- and medium-income countries.

Challenges therefore remain in the fight against non-communicable diseases. There are the inequalities in access to health coverage and inequalities in access to health care, depending on the territory, often in a context of economic crisis. It is especially the poorest — single-parent families, young workers, the elderly and the excluded — who are the most vulnerable, and some are still unable to receive care because of a lack of resources, including in our country.

In the fight against non-communicable diseases, it is necessary to see to the promotion of actions for prevention and health education very early, through targeted prevention policies such as public-awareness campaigns to reduce the prejudice and discrimination associated with non-communicable diseases. There is also a need to promote policies to control those pathologies with the help of mechanisms more centred on patients' needs.

France has always advocated greater consideration of the main causes of non-communicable diseases, by committing to a nutrition policy that is more respectful of our health, by combating tobacco consumption and banning its consumption in all public places since 2009, by taking very vigorous measures against alcohol consumption, including by pregnant women, by promoting physical activity and by improving environmental health conditions with a national environment health plan, adopted on that occasion.

France wishes to recall today its commitment to raising the fight against non-communicable diseases to the global level. To achieve that, France is particularly committed to the promotion of two guidelines to effectively fight non-communicable diseases: first, strengthening health systems and their capacities, and, secondly, adopting an interministerial and multisectoral approach instead of one of silos, which, in our view, is essential to taking into account the social and environmental determinants of non-communicable diseases. Those concerns echo a number of the strategic orientations and priorities of the French health authorities. It is in that context that we had the honour of organizing in Paris in April, under the auspices of WHO, the fourth strategic meeting of the Transport, Health and Environment Pan-European Programme.

France stresses the indispensable complementarity between vertical funds and more cross-cutting measures. That approach is not intended to abandon vertical funding, but rather to improve its effectiveness through cross-cutting measures — the only way to significantly increase the effectiveness of all measures adopted up to now. In that respect, France attaches great importance to the implementation of universal health coverage, even though we are well aware that this is a long-term process. The fact remains that it is a major objective to be achieved, a tool that works for non-communicable diseases, certainly, but for all kinds of diseases, be they communicable or non-communicable. Universal health coverage is an ongoing process, which makes possible the strengthening of health systems. At the same time, it enables progress in developed and developing countries jointly. That is a true common objective for all Member States, a real sustainable development goal that we hope to promote for the post-2015 agenda.

Exchanges in this Hall provide a special opportunity to address and discuss the most convincing experiences for the realization of this goal. The universality of that argument does not, however, mean a willingness to impose or export a particular model. It is up to each country, according to its own characteristics and history, to forge its own model, because health does not mean only providing care or combating disease; it also and above all means promoting the development of an environment conducive to well-being, protecting oneself from risks by, for example, fighting air pollution. It means encouraging our citizens to regularly engage in physical activity by using a bicycle or walking, rather than riding in a motorized vehicle. It also means promoting a secure environment to control health costs and helping the weakest in terms of their needs and not their means and without any form of discrimination.

For those reasons, France will continue to engage fully at the national level and in international forums to promote an environment conducive to a healthier life.

Mr. Hahn Choonghee (Republic of Korea): I am pleased to be a part of this significant High-level Meeting to discuss the prevention and control of non-communicable diseases (NCDs). Previous high-level meetings of the General Assembly and subsequent international cooperation on NCDs have created a paradigm shift, emphasizing the importance of national capacity and international cooperation in dealing with NCDs, and have successfully put NCDs on the global agenda.

Among many notable achievements after the adoption of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), the Government of Korea would like to acknowledge the significance of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 of the World Health Organization (WHO) and its nine global targets, including a 25 per cent reduction in premature mortality from NCDs by 2025. The Action Plan will be an effective guideline for national capacity-building and international cooperation.

In addition to such global cooperation on NCDs, there have also been regional dialogues. In 2011, the Seoul Declaration on Non-communicable Disease Prevention and Control in the Western Pacific Region declared the commitment of member States in providing strong and sustained high-level political support for NCD prevention and control. I would also like to welcome the development of the Western Pacific Regional Action Plan for the Prevention and Control of Non-Communicable Diseases for 2014-2020. The Korean Government will continue to actively participate in global and regional efforts to tackle non-communicable diseases.

The Korean Government has recognized the importance of strengthening national capacity and governance to increase the country's response in preventing and controlling NCDs. The second term National Strategy for Prevention and Control of Cardiovascular Diseases was developed in 2011 to address surveillance, prevention, early detection, treatment and rehabilitation of cardiovascular diseases and their risk factors.

Various NCD programmes in Korea have been launched as a result of multisectoral action and different Government agency partnerships. The Ministry of Health has collaborated with the Ministry of Food and Drug Safety to launch numerous salt-reduction programmes. The Ministry of Health and the Ministry of Education are coordinating with each other to run asthma-free schools. The cardiac arrest surveillance system is a public-private partnership programme involving close collaboration among the Ministry of Health, the National Emergency Management Agency and various hospitals. In 2013, the Integrated Community Health Promotion Programme was launched, through which local governments deliver health-promoting programmes according to the needs of local communities.

One of the objectives of the WHO Global NCD Action Plan 2013-2020 is to promote high-quality research. To that end, the Korean Government has recently undertaken research applying the WHO-CHOICE methodology, which will provide information on cost-effectiveness and strategic planning to help guide policy decisions. The Korean Government has enforced strict smoking bans in public areas and seeks to further apply other NCD best-buy strategies.

The Korean Government has had successes in dealing with NCDs, but there are some remaining gaps, such as achieving more comprehensive health-in-all policies and a whole-of-Government approach. Another remaining issue is the coordination between the central and local Governments in NCD prevention and control in the current decentralized policy environment. To that end, the Korean Government welcomes the establishment of the WHO Global Coordination Mechanism on NCDs.

I believe this High-level Meeting is a valuable opportunity to share success stories and best practices and listen to diverse views and opinions on the causes of and preventive measures and international cooperation mechanisms for NCDs from all concerned parties and stakeholders. I sincerely hope that this important event will contribute to maintaining the political momentum that will place non-communicable diseases on the post-2015 development agenda, ultimately accomplishing the global target on NCDs by 2025. The Korean Government looks forward to concerted action by the global community in the fight against non-communicable diseases.

Mr. Momen (Bangladesh): Let me begin by sharing with the General Assembly some key features of the health sector in my country, Bangladesh.

My country faces a double burden of diseases — communicable diseases and non-communicable diseases (NCDs). The great burden of communicable diseases is historical in a developing and tropical country like Bangladesh, which is one of the most vulnerable countries in the world in terms of climate and faces frequent natural disasters that entail huge loss of life, assets and infrastructure.

In addition to climatic disasters, our population density is one of the highest in the world. Yet Bangladesh has made remarkable progress in attaining some of the health-related Millennium Development Goals (MDGs). For example, we have reduced the infant mortality rate by more than 72 per cent. We have reduced poverty by more than half, from 59 per cent in 1991 to 26 per cent today. We have remained on track in achieving most of the MDGs, and we have achieved full immunization coverage for our children. It is therefore no wonder that life expectancy has sharply increased, to 69 years since the mid-50s. Yet we still face many challenges, including poor nutrition intake and increasing rates of NCDs.

While the prevalence of communicable diseases is decreasing, we are seeing quite a sharp rise in the prevalence of NCDs. The NCD burden is rapidly increasing due to social transitions, unhealthy dietary habits and rapid and unplanned urbanization. As a result of climatic disasters, large numbers of our people are uprooted from their traditional homes and move to cities, thereby contributing to the creation of slums. Inhabitants of rural areas and urban slum dwellers are the ones who suffer the most. In terms of the number of lives lost due to ill health and disability, NCDs account for 61 per cent of the total disease burden. Underprivileged communities in the country are bearing the heaviest toll of that burden. Major NCDs in Bangladesh include diabetes, cardiovascular disease, hypertension, stroke, chronic respiratory diseases and cancer.

The United Nations High-level Meeting on the prevention and control of NCDs in 2011 provided us with strong political support and commitments at the highest political levels. The Political Declaration on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) called for reducing risk factors through a multisectoral approach. This High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases is taking place at the appropriate time, coinciding with the preparatory phases of the crafting of the post-2015 development framework. Non-communicable diseases need to be appropriately addressed in the sustainable development goals and in the post-2015 development agenda, with the aim of strengthening the surveillance system for mapping risks, burdens and other shared but differential responses with a view to achieving the objectives and goals.

In Bangladesh, the Government has already put in place a multisectoral coordination mechanism to bring on board all stakeholders, such as non-governmental organizations, civil society and the private sector, to work closely with the Government and the formal health-care-provider establishment. We have ratified the World Health Organization (WHO) Framework Convention on Tobacco Control and have developed a national strategic plan for the surveillance and prevention of NCDs for 2011-2015. A national NCD risk factor survey and a global adult tobacco-use survey were conducted to generate evidence on risk factors for NCDs. Legislative initiatives taken by the Government include a mental-health act and a tobacco-control law. Diagnostic and curative care for major NCDs is made available even in secondary-level health-care facilities. Health workers are oriented and trained in responding to NCDs and in their prevention. Selected NCD prevention and control models are being piloted at the primary-care level. In addition, training centres are being establishing for identifying autism-spectrum disorders and other disabilities.

As the Assembly knows, setting up a comprehensive surveillance system requires technical skill and substantial financial commitments. Many of the developing countries, particularly the least developed ones, may not be able to afford to cope with all the desired indicators and targets. However, for comprehensive technical cooperation from WHO, creation of a global pool of funds from various stakeholders could give a big push for setting and achieving targets by resource-constrained countries like Bangladesh. We urge WHO to provide technical assistance and our development partners to provide concrete project-oriented financial support in order to achieve the global targets for the prevention and control of non-communicable diseases in Bangladesh. Bangladesh pledges that it will fully develop and implement a comprehensive monitoring framework for targets that we have already adopted.

We also welcome the outcome document of the high-level event (resolution 68/300), particularly the inclusion of mental and neurological disorders therein. In that regard, I would like to thank and congratulate the two co-facilitators, Permanent Representatives Ambassador Courtenay Rattray of Jamaica and Ambassador Bénédicte Frankinet of Belgium, on their hard work.

Mr. Khalil (Egypt): Egypt aligns itself with the statement delivered yesterday by the Chair of the Group of 77 and China, the Ambassador of Bolivia to the United Nations (see A/68/PV.100).

We would first like to congratulate our colleagues and the co-facilitators of resolution 68/300, adopted yesterday, Courtenay Rattray of Jamaica and Bénédicte Frankinet of Belgium.

Non-communicable diseases (NCDs) are still responsible for approximately two thirds of premature deaths globally. They continue to threaten human life and to challenge the ability of Member States to achieve their development goals. Despite the national efforts made over the past three years, much remains to be done. The international community should address NCDs through a comprehensive, equitable and nationally owned framework. National ownership ensures the efficiency and effectiveness of NCD-related programmes and guarantees that they will be tailored to the specific needs of each country. An efficient response to combat the prevalence of NCDs should include the following elements.

The first is to strengthen national capacities to provide adequate and effective prevention, treatment and care programmes. That includes providing access to new, effective, high-quality and affordable medecines, diagnostic technologies and palliative care. In that regard, a successful scheme for the transfer of technology should be put in place.

The second element is to ensure that the treatment of NCDs is provided at affordable prices, particularly in developing countries, where there is an increased burden on individuals, families and communities. There is a need for a flexible intellectual property-rights systems that takes into account the priority of protecting human life in accordance with the Doha Declaration on the TRIPS Agreement and Public Health.

Third is to enhance the ability of developing countries to launch awareness campaigns against unhealthy lifestyles and risk factors, including tobacco and alcohol abuse, unhealthy diets and a lack of physical activity. That requires providing the necessary financial resources and the developing and strengthening of national institutional and human resources capacities.

The fourth element is to urge the tobacco, medical and food and beverage industries to assume their responsibility to contribute to the promotion of healthy lifestyles among populations, including through the reduction of tobacco consumption and the promotion of healthy and nutritional products.

The fifth element is to establish mechanisms for sharing best practices, lessons learned and technical assistance in colaboration with the United Nations, the World Health Organization (WHO) and the relevant international and regional bodies.

Egypt's Ministry of Health is currently working on a system for the earlier diagnosis of NCDs, mainly diabetes and cardiovascular diseases. That service is provided free of charge in almost half the country's public hospitals with a view to expanding it to all health-care providers in the next few years. Egypt's Ministry of Health signed a cooperation protocol with WHO to train medical services providers on the early diagnosis of NCDs and the risk factors. It also established a national database on NCDs, their risk factors and their prevalence levels in each governorate.

Finally, NCDs are a contributing factor in the spread of poverty. The long-term treatment of patients with NCDs and rising health-care costs often result in a loss of productivity at the individual and family levels, threatening household income and leading to productivity loss. The estimated cost of the treatment of patients with NCDs in the next three decades amounts to $47 trillion. The international community must reaffirm its commitment to the successful prevention and combating of NCDs through a sustainable development process in which support must be provided for the development of infrastructure and economic, educational and health systems.

Egypt believes that such legitimate concerns should be adequately reflected in the post-2015 development agenda and the sustainable development goals. I believe that this High-level Meeting should recommend such inclusion. Let us all work in that direction.

The meeting rose at 11.10 a.m.

United Nations A/68/PV.103

General Assembly

Sixty-eighth session

Official Records

103rd plenary meeting
Friday, 11 July 2014 5 p.m.
New York

President: Mr. Ashe .... (Antigua and Barbuda)

In the absence of the President, Mr. Khiari (Tunisia), Vice-President, took the Chair.

The meeting was called to order at 4.45 p.m.

Agenda item 118 (*continued*)

Follow-up to the outcome of the Millennium Summit

High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

Mrs. Chikava (Zimbabwe): Zimbabwe aligns itself with the statement delivered by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

We would like to thank the Director-General of the World Health Organization for her report on the subject (see A/68/PV.100). We would also like to thank the co-facilitators of resolution 68/300, adopted yesterday, the Ambassadors of Belgium and of Jamaica.

The report discusses the fact that developing countries are experiencing a higher mortality rate as a result of non-communicable diseases (NCDs) due to a number of factors. As a developing country, Zimbabwe can attest to the growing challenge of dealing with NCDs. We recognize in particular the challenge posed by weak health systems in coping with the burden. In our case, financial challenges have particularly hampered efforts to implement some of our NCD-related national policies and strategies. However, despite those challenges, I am pleased to share some of the progress we have made towards preventing and controlling non-communicable diseases.

At the policy level, the Ministry of Health and Child Welfare has developed NCD and alcohol-control policies, which are currently pending approval by our Cabinet. In order to bring cohesion and coordination to the national NCD response, my Government established an NCD unit with a dedicated staff component and its own separate budgetary allocation.

As we strengthen our national NCD response, the Government is increasingly paying attention to mental-health issues, which often tend to be neglected. In order to ensure that sufficient attention is paid to that issue, Zimbabwe has put in place a mental-health policy and a mental-health strategy. In addition, indicators for monitoring mental health have been developed and are now in use in the country.

The 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) recognizes the linkages between NCDs and HIV and AIDS. Zimbabwe has placed a great deal of emphasis on integrating the NCD response to the national HIV and AIDS response. We believe that our efforts to prevent and control NCDs will greatly benefit from the experience gained and lessons learned through the national HIV and AIDS response. Consequently, in Zimbabwe, we have overseen the integration of screening for cervical cancer with HIV and AIDS services at the national, provincial and district levels.

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Furthermore, the national anti-retroviral therapy guidelines for 2013 include the early detection and management of NCDs. In addition to integrating the early detection of NCDs into the HIV and AIDS response, the Government also promotes screening for breast cancer in both public and private institutions. To date, 19 sites have been established to screen for selected NCDs, including hypertension, diabetes and prostate and other cancers, as well as eye conditions. Efforts are also under way to secure funding to conduct the national NCD risk factor surveillance, which was last carried out in 2005.

The importance of multisectoral partnerships in addressing NCDs cannot be overemphasized. Such partnerships are also a critical tool in raising awareness of NCDs at all levels. In Zimbabwe, we have established a wide range of partnerships to complement Government efforts towards preventing and controlling non-communicable diseases. Those partnerships include cooperation with academia and non-governmental organizations such as the Zimbabwe Diabetes Association and the Cancer Association of Zimbabwe, as well as partnerships with corporate bodies and international partners. We remain open to establishing new partnerships and strengthening the existing ones, particularly with the private sector.

In conclusion, I would like to call on all stakeholders to redouble their efforts towards increasing the affordability of medicines and ensuring improved access to treatment for all. We also need to increase our investment in diagnostic and treatment equipment if we are to see any progress in addressing NCDs and in reducing their social and economic burden.

I would like to reiterate Zimbabwe's commitment to work with the relevant stakeholders to ensure that the commitments made during the High-level Meeting of 2011 are fulfilled.

Ms. Alkhalifa (Bahrain) (*spoke in Arabic*): I would like to thank the President for having convened this important meeting on non-communicable diseases (NCDs), which constitute a challenge for many societies and nations.

The Kingdom of Bahrain has developed and adopted a comprehensive national action plan in line with international priorities and goals to combat NCDs and to implement the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex), which reiterates the Governments' commitments to generate national responses to NCDs. Our national plan was set up on the basis of the plan that the Gulf Cooperation Council adopted at its thirty-second session, in December 2011. The strategic goals of the plan are the primary and secondary prevention of non-communicable diseases, the improvement of health-care services at all levels for people infected with those diseases and more treatment for such patients. The goals also include undertaking considerable NCD-related research and enhancing social partnerships to combat those diseases.

The Kingdom of Bahrain reiterates its commitment to implementing the requirements of the Political Declaration. It has taken steps in that regard, namely, by adopting and implementing the necessary measures under the Economic Vision 2030 and by issuing a Cabinet decree to establish a national committee on the prevention of non-communicable diseases and on combating their risk factors. We have also established a chronic disease unit within the Disease Control Section of the Ministry of Health and have appointed a national coordinator to coordinate such efforts across the Kingdom.

The Kingdom of Bahrain has also signed the World Health Organization (WHO) Framework Convention on Tobacco Control, and it passed tobacco-control legislation in 2009. We are also developing and implementing policies on tobacco control in Bahrain. Other related issues include initiatives to enhance health in schools across the Kingdom and to establish clinics to treat obesity and diabetes in workplaces. We have also established national indicators and goals based on the WHO guidelines and have submitted periodic reports in that regard.

Finally, the Kingdom of Bahrain reiterates its commitment to implementing the Political Declaration of the High-level Meeting adopted by the General Assembly in 2011. That document sets out a clear plan to combat such diseases and makes it incumbent on the international community to resolutely combat NCDs.

Ms. Cañete (Paraguay) (*spoke in Spanish*): On behalf of Paraguay, I would like to begin by expressing our appreciation for the convening of this High-level Meeting, which will not only allow us to acknowledge the progress made and the obstacles encountered during the past three years with regard to the implementation of the Political Declaration of 2011 (resolution 66/2, annex), but also will enable countries to reaffirm their commitment to continue to carry forward national policies, plans and programmes for the prevention and control of non-communicable diseases.

In Paraguay, non-communicable diseases are a major burden for public health, since, for several years, they have been among the four primary causes of death. In 2012, they accounted for 26 per cent of premature deaths while, in the past 10 years, the prevalence of cardiovascular diseases and diabetes has increased by 10 per cent.

In that regard, the survey of risk factors among the adult population of Paraguay, including indigenous peoples, provides us with alarming figures with regard to the prevalence of common risk factors such as obesity and overweight, which are present in 57 per cent of the Paraguayan population, and physical inactivity in 75 per cent. The low consumption of fruits and vegetables has reached the level of 84 per cent. Fifteen per cent of our population smoke and 51 per cent consume alcoholic beverages.

Aware of that national situation, the Paraguayan Government has initiated a series of actions not only to control the prevalence of such diseases but also to try and prevent them. Those initiatives include, first and foremost, the establishment of an intersectoral commission for the development and coordination of prevention policies and strategies in cooperation with other sectors, such as the education, agriculture, environment and sports sectors, including universities, scientific institutes and civil society.

With regard to the problem of inactivity, the commission has developed a programme for the promotion of physical activity, through which it encourages the establishment of health tracks in universities and colleges to promote activity among young people and children. It has also submitted a bill to the National Assembly on regulating the use of bicycles as an alternative means of transport.

With respect to the high prevalence of overweight among Paraguayans, with half the adult population suffering from it, we have enacted a law on the prevention and treatment of obesity, which the Ministry of Health is currently implementing. Also, in order to reduce salt intake, the health authorities have issued regulations to reduce the salt content in staple bakery products, which are currently in their second phase of implementation. With regard to tobacco use, we would emphasize two important achievements — first, the inclusion of information on avoiding the use of tobacco products in the school curriculum and, secondly, the declaration of smoke-free environments by 82 municipalities in the country.

The Paraguayan Government recognizes the importance and necessity of implementing multisectoral public policies to reduce non-communicable disease risk factors among its population. It has therefore developed and recently adopted a national plan of action on chronic non-communicable diseases for the period 2014 to 2024. That programme is based on a life-cycle approach and community participation and includes targets and indicators that are consistent with those outlined in the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 of the World Health Organization.

We should underscore that, in order to implement the national plan, the institutional organizational structure for health has been adjusted, thereby achieving a refocusing and the integration of individual programmes on non-communicable diseases. In addition, we have implemented a system of chronic care in the context of primary health care so as to ensure that the health services provided are more comprehensive and effective within the national health system network.

I would like to say that Paraguay knows that the prevention and control of non-communicable diseases is a long and difficult path. We nevertheless reiterate our full commitment to those goals, with the awareness that addressing the issue will have an extremely positive impact on our population and, as a result, on our economic and social development.

In that regard, the delegation of Paraguay believes that it is essential to underscore the importance of the international community, in particular partner countries and the entities of the United Nations system, continuing to provide the necessary assistance, whether financial or technical, to help the national efforts of developing countries to combat such diseases.

Finally, I would like to highlight Paraguay's strong desire for this issue to be an integral part of the post-2015 development agenda.

Ms. Sarlio-Lähteenkorva (Finland): Finland fully aligns itself with the statement delivered yesterday by Commissioner Borg on behalf of the European Union and its member States (see A/68/PV.100).

We welcome the commitment and progress made in scaling up the global work for the prevention and control of non-communicable diseases (NCDs). The High-level Meeting in September 2011 was an important milestone. Since then, remarkable results have been achieved, including the Global Action Plan on the Prevention and Control of NCDs of the World Health Organization (WHO), its nine concrete targets, the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases and the WHO global coordination mechanism. However, that is not enough. We need to move from global commitments to implementation at the country level. We must do more and we must do it better.

Engagement with all stakeholders is crucial, but public health must also be protected from any undue influence or conflict of interest. We need to create healthier environments, to make healthy choices available for everyone and to mainstream health promotion. But we must also support and protect vulnerable groups. We need to assess the health impact of policy initiatives and utilize health in an all-policy approach to ensure action across Government sectors.

In particular, strengthening national capacities to address NCDs is essential and pays off. We know that from our own experience. In the 1960s, Finland had the second-highest cardiovascular mortality rate in the world. Today, the figures for the working-aged population have decreased to one tenth. Most of the reduction can be accounted for by reduced tobacco use and dietary improvements, such as salt reduction and changes in the fat consumed, especially, most important, a reduced intake of saturated fats. Our success story was based on translating innovative research results into policies, political commitment, supportive policies and legislation, effective monitoring and evaluation and working with many sectors, including non-governmental organizations and the private sector.

However, past success does not necessarily guarantee good development in the future. We now face new challenges, such as the economic crisis, the increasing global trade and marketing of unhealthy foods and other products, environmental changes and the increasing use of modern technology. We need to use the existing tools, such as legislation and information guidance, in new areas and to seek synergies. For example, fiscal measures such as taxes on unhealthy products like tobacco, alcohol and unhealthy foods can be used both to curb budget deficits and to steer consumer behaviour. We must find new ways to protect people's health.

I will conclude by mentioning some very recent developments in Finland. We have now passed legislation that aims to eliminate, not reduce, the use of tobacco products by the end of 2040. To achieve that goal, there is a road map towards a completely smoke-free Finland.

To combat a sedentary lifestyle, we are now drafting recommendations on how to reduce the time that we spend sitting in everyday life. I was very pleased yesterday when my Swiss colleague asked us to stand up, as sitting is not good for our health and we sit in meetings for too long. To improve dietary habits, we already have warning labels for high-salt products, and we plan to expand that to non-prepacked products in the near future.

We are also addressing alcohol-related harm. Within six months, we will be the first country in the world to limit the use of social media in advertising alcoholic drinks. We are also working on social welfare and health-care reform to ensure better primary-level social and health-care services for all, including better structures for health promotion.

Let me conclude by saying that we look forward to moving the process forward. Everyone has the right to the highest attainable level of health, and NCDs pose a serious threat to sustainable development. An effective response to NCDs is essential in order to ensure that present and future generations have the chance to live better, healthier and more productive lives.

Mr. Elmajerbi (Libya) (*spoke in Arabic*): At the outset, allow me personally to convey my gratitude and great appreciation to the President for organizing this significant meeting. I would also like to say that we support the statement delivered yesterday by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

Over the past few years, global attention has been focused on combating communicable diseases such as HIV and AIDS, malaria, tuberculosis, hepatitis C and other chronic illnesses. Non-communicable diseases have never received such great attention from the world. Despite the growing threat of those illnesses, the statistics of the World Health Organization (WHO) show that the extent of the threat and the mortality rate as a result of chronic illnesses is higher than that of contagious diseases.

My country is well aware of the magnitude of such threats. The Libyan people are clearly vulnerable and exposed to such diseases, in particular diabetes, arterial hypertension, cancer and respiratory diseases, as well as asthma among children, which cause great suffering. The mortality rate from those illnesses is the highest such rate in the country.

The Government seeks to improve the health services in general by focusing on chronic illnesses. The necessary medicines are provided free of charge to the population. In order to raise the level of health, the Minister for Health has requested the assistance of the WHO in finalizing a health-care system that provides for universal health-care coverage for the entire population.

Non-communicable diseases are a heavy economic and social burden for all States, in particular developing and poor countries. Furthermore, they cause premature deaths and are not only a cause of concern for health but also a development and economic problem insofar as they hamper sustainable development. It is therefore necessary to coordinate efforts and to establish partnerships to ensure the supply of medecines at affordable prices to everyone through cooperation with the WHO.

My delegation hopes that this High-level Meeting will give rise to ideas or a plan of action to deal with non-communicable diseases within the framework of an effective global partnership. We hope that countries will demonstrate the strong political will to work together to combat those illnesses so as to determine their causes, reduce their prevalence and find appropriate ways to eradicate them in order to establish a world free of such diseases and to ensure the well-being of all.

Mrs. Natividad (Philippines): The Philippines aligns itself with the statement made yesterday by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

We welcome the adoption of the outcome document (resolution 68/300) of this meeting, which will add impetus to combating and preventing epidemics of non-communicable diseases (NCDs).

We support and endorse the report of the Director-General of the World Health Organization on the prevention and control of non-communicable diseases (A/68/650), together with the World Health Organization global monitoring framework and its set of nine global targets.

The Philippines suffers from the burden of four fatal diseases, namely, cardiovascular disease, cancer, diabetes and chronic respiratory diseases. Since 2009, there has been an alarming increase in NCDs in the Philippines. Those diseases are responsible for 60 per cent of the deaths in the country. In addition, almost 50 per cent of all deaths occur before the age of 60. The fact that NCDs affect the majority of the economically active population underscores the economic burdens and losses that we bear from deaths due to NCDs.

Governments have a primary role to play in the prevention and control of NCDs. We are strongly committed to promoting, supporting and strengthening multisectoral national health policies and plans to achieve our national targets. Our Department of Health has set in place a multisectoral national strategy for health 2011-2016, which is a compendium of health programmes and interventions for preventing and controlling NCDs. The national strategy provides guidance to all stakeholders and health advocates on attaining the three strategic goals for health — first, ensuring financial risk protection; secondly, universal access to quality health-care facilities; and, thirdly, achieving the health-related Millennium Development Goals.

The Philippines has set in motion the following programmes and interventions. First, we have undertaken a nationwide campaign to reduce sodium intake to the level recommended by WHO. Secondly, we have in place a nationwide awareness programme to lower high blood pressure. Thirdly, we have established an early health-education programme to promote a healthy lifestyle among children and young people from kindergarten to grade 12. Fourthly, we have launched the Healthy Canteen Certification Programme in schools and compiled a guidebook on what constitutes a healthy plate to further enhance the Filipino Food Pyramid Guide. Fifthly, we are developing a voluntary healthy food certification programme to set the limits on the daily intake of calories and the fat, sugar and salt content of processed food products, which will eventually give rise to a mandatory food labelling programme. Sixthly, we are working on a healthy lifestyle programme, known as the Healthy Lifestyle Movement Campaign, to be based at the NCD centre. It focuses on four behavioural risk factors, namely, smoking, the harmful use of alcohol, physical inactivity and an unhealthy diet.

We are implementing our vision of Achieving Universal Health Care for All Filipinos by improving the scope of our national health-insurance programme, its coverage and the utilization of its services. We are upgrading our national network of health facilities and hospitals so that health-care services to manage NCD cases will be accessible and more affordable, particularly to the poor. We are striving for universal health care for all by the end of 2016, with coverage reaching 85 per cent of the population. We have implemented the Cheaper Medicines Act through a joint partnership between the Government and the local pharmaceuticals industry.

Our other measures to prevent NCDs include enacting amendments to the National Health Insurance Act to ensure universal coverage and utilization; new laws for the responsible corporate governance of hospitals; the restructuring of alcohol and tobacco taxes to raise the rate of duty on those products; new legislation on responsible parenthood and reproductive health; and the adoption of amendments to the governance of the practice of health-care professionals.

Our Government cannot face the challenges posed by NCDs by itself. But in partnership with its local stakeholders and with the support of our development partners, the challenges posed by NCDs are surmountable.

Non-communicable diseases are not the problem of just a few countries or of the developing or developed world. They affect all humankind. They are essentially preventable and controllable. Through multisectoral efforts, we can win the battle against NCDs.

Mr. Bosah (Nigeria): Nigeria associates itself with the statement made by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

We thank the co-facilitators for their hard work and excellent stewardship throughout the preparatory process of this meeting. The importance of discussions on this subject cannot be overemphasized, as the global burden of non-communicable diseases (NCDs) continues to grow, undermining social and economic development and threatening the achievement of internationally agreed development goals in developing countries.

The High-level Meeting on the Prevention and Control of Non-communicable Diseases and the adoption of the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) in 2011 represented a breakthrough in the global struggle against NCDs. The Political Declaration made a clear call for the inclusion of NCDs in health-planning processes and the development agendas of Member States. Three years after its adoption, the ongoing High-level Meeting on the review of the progress achieved in the prevention and control of NCDs remains relevant, pertinent and timely. The successful adoption of its outcome document (resolution 68/300) signifies great potential for the intensification of efforts by Member States towards a world free of NCDs.

We commend the leadership of the World Health Organization (WHO) for the reform efforts to address the increasingly complex challenges of global public health in the twenty-first century. My delegation welcomes the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. States continue to benefit tremendously from the reduction of the disease burden and the promotion of health through the activities of that laudable organization.

We also acknowledge the coordinating role played by WHO in promoting and monitoring global action against NCDs in relation to the work of other relevant organizations in the United Nations system, development banks and other regional and international organizations.

The time has come for all States to redouble their efforts in drastically reducing the avoidable burden and impact of NCDs in order to pave the way for populations to attain the highest standards of health and productivity. We believe that renewed political will and multisectoral action involving the relevant stakeholders is required now more than ever to sustain the momentum. International cooperation and assistance remain critical for achieving the global targets on the prevention and control of NCDs.

In Nigeria's quest to improve the quality of life of the people through reduced morbidity and mortality from NCDs, the national action plan for the prevention and management of NCDs was launched in December 2013. The plan seeks to promote awareness of the nature and risks associated with NCDs by promoting a healthy lifestyle and advocating enhanced policies and legislation to minimize the risk factors associated with NCDs.

The National Health Bill, which was passed into law on 19 February, provides a framework for the regulation, development and management of a national health system. It seeks to set standards for promoting health-care services. In addition, it provides additional funding for the strengthening of primary health care. The additional funds provide access for Nigerians to health care and makes a financial guarantee for emergency medical services.

It is gratifying that efforts are being made at the international, regional and national levels to reduce the burden of preventable morbidity, disability and avoidable mortality due to NCDs. However, much is still required to ensure that health remains a priority. In that regard, issues such as women and children's health, HIV/AIDS, malaria, tuberculosis, neglected tropical diseases, non-communicable diseases and human resources for health and universal health coverage must continue to be on the global development agenda.

Mr. Rosenthal (Guatemala) (*spoke in Spanish*): We associate ourselves with the statement made by the delegation of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100). In addition, we would like to make the following timely observations.

First, we support the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) in recognizing that the global burden of non-communicable diseases (NCDs) constitutes one of the major challenges for development. At the same time, we note that the progress made so far has been insufficient and very uneven. The persistence of NCDs significantly diminishes the quality of life for the millions of people affected, as well as that of their families, given the high cost of treatment and the decreased productivity in working-age people, often contributing to the perpetuation of the cycle of poverty.

Secondly, Guatemala recognizes the challenge of NCDs and has been a firm champion of the goals and commitments of the Political Declaration of 2011. We are aware that health is a vital component of development and human rights, as our Government is committed to achieving a proper and sustainable standard of life for all its citizens. All of that is at the crux of the health plan of the Ministry of Public Health and Social Welfare, which aims to rethink and redesign the care model to ensure a more inclusive and democratic health system in our country.

Thirdly, with respect to the prevention and control of NCDs, Guatemala has made a political commitment to mainstreaming the issue and its risk factors in the national political and development agenda. We have made significant progress on multisectoral action on non-communicable diseases and their risk factors, as well as in addressing the major protective factors. We are pursuing increased coverage of health services with emphasis on primary care.

Fourthly, we recognize the need to strengthen the response of health systems at all levels. In that regard, we are making efforts to strengthen our information system to enable adequate monitoring and assessment of those diseases and their risk factors, including establishing baselines and producing country profiles for them.

Finally, with respect to the legal framework, we would highlight the adoption of the law on a smoke-free environment and such nutrition policies as a programme called "The window of a thousand days," which is mainly aimed at preventing infant malnutrition, includes education about healthy eating and hygiene and the promotion of habits and healthy lifestyles for the whole family. Other strategies for the control and prevention of overweight and obesity are in development.

Notwithstanding the foregoing, NCDs in Guatemala continue to cause about 40 per cent of deaths of persons under the age of 60. We are therefore trying to overcome the considerable challenges in order to advance in the control and prevention of NCDs and ease the burden they pose to our health system and our economic development. But for that particular heavy burden for low- and middle-income countries, a strong multilateral framework is needed, and that is why the issue should be taken into consideration in the post-2014 development.

Mr. Kamau (Kenya): It is good to see you, Sir, presiding over this meeting. I would like to thank the President of the General Assembly for convening today's High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs).

My delegation aligns itself with the statement delivered by the representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

I wish to thank the Secretary-General for his report on this important issue, which recognizes NCDs as a new frontier in the fight to improve global health (A/66/83). I also wish to recognize the Permanent Representatives of Belgium and Jamaica for their able leadership as facilitators of the process culminating in the successful conclusion of the outcome document of this High-level Meeting (resolution 68/300).

My delegation recognizes that over time, and largely unnoticed, NCDs have emerged to become not only a major global public-health issue of epidemic proportions, but also a major impediment to international development, thus meriting our collective and urgent attention.

As poignantly highlighted in the Secretary-General's report, NCDs exacted a toll of 36 of 57 million global deaths in 2008, which is all that was needed to be a wake-up call for our collective, international, multisectoral and immediate action. Although manifestly preventable and controllable, those diseases are projected to claim 52 million lives in 2030. Surely, we cannot remain passive or indecisive in the face of such bleak prospects.

Today's High-level Meeting comes at a significant juncture, as the international community accelerates the push to reach the goals of the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) and embark on the formulation of the post-2015 development agenda and its ambitious targets, which we have been working on in a room just across the Hall.

In 2011, the Political Declaration on the NCD issue made a rallying call for the recognition of the irrefutable global burden and threat of NCDs to international development objectives in the twenty-first century and urged the international community, through a raft of measures, to give particular focus to the preventable socioeconomic impacts of NCDs, especially in developing countries.

While some progress has been achieved in terms of the number of countries with an operational national policy on NCDs, the progress in the prevention and control of NCDs has been insufficient and highly uneven, due in part to their complexity and challenging nature, especially for developing countries. It is worth noting the demographic reality that NCDs affect the young and productive segments of the population, with an estimated 9 million annual deaths occurring in people under the age of 60. With many developing countries already reeling under the burden of poverty, that reality initiates a vicious circle where NCDs worsen poverty and poverty results in rising rates of those diseases. The result is reduced productivity and further strain on already burdened health-care systems and increased underdevelopment.

It is also noteworthy to point out the intricate linkage between women and children's health and NCDs, since poor nutrition during pregnancy and early childhood, a common problem in less privileged parts of the world, contributes as a predisposing factor to some NCDs. In that regard, my delegation would like to recognize the key role of prevention in reducing the socioeconomic burden of NCDs, in particular affordable interventions that reduce environmental and occupational health risks in accordance with national contexts.

I would now like to highlight Kenya's progress in addressing the challenge of NCDs.

Kenya has a new Constitution that makes health a right. The Government continues to develop policy measures and action plans to ensure that citizens have access to care of the highest quality. Kenya signed and ratified the World Health Organization (WHO) Framework Convention on Tobacco Control and thereafter implemented comprehensive tobacco-control legislation and a national tobacco-control action plan as an implementation tool for that legislation.

Non-communicable diseases are a key component of Kenya's second Health Policy Framework and Kenya's second Medium-term Plan for Health 2013-2017. That has prioritized the halting and reversing of the rising burden of non-communicable diseases, with national diabetes and cancer strategies also being developed in that context. Non-communicable diseases are now receiving attention in both the planning and budgeting processes at the Ministry of Health.

The National Nutrition Action Plan 2012-2017 is aligned to the Government's medium-term plan to facilitate mainstreaming of the nutrition budgeting processes. It provides a framework for the coordinated implementation of high impact nutritional interventions to address, among others, diet-related NCDs.

In line with the WHO Global NCD Action Plan 2013-2020, aimed at reducing preventable mortality from NCDs by 25 per cent by the year 2025, Kenya has developed a new draft non-communicable-diseases strategy to drive the NCD agenda in a coordinated and strategic manner, giving emphasis to, inter alia, cardiovascular diseases, diabetes, cancers, chronic respiratory diseases, mental disorders, violence, injuries, and oral and eye diseases. Kenya's country capacity to respond to NCDs includes a department in the Ministry of Health responsible for NCDs, with funding available for treatment and control. There is a national reporting system for NCD cause-specific mortality and morbidity. In addition, the Ministry of Health has an integrated policy and action plan that is currently operational for diabetes. Recognizing that NCD risk factors and causal linkages go beyond the health sector, Kenya's NCD strategy has embraced a multisectoral approach by identifying and promoting actions across sectors that have a stake in the prevention and control of non-communicable diseases. We also seek to integrate NCD prevention and control in the existing and well-established platforms for primary care in the country.

My delegation believes that access to safe, affordable, effective and quality treatment and palliative care would go a long way towards mitigating the impact of non-communicable diseases and their complications. In that regard, we recognize the key role played by generic drugs and acknowledge the value of the flexibilities of the Trade-Related Aspects of Intellectual Property Rights (TRIPS), as reflected in the Doha Declaration on the TRIPS Agreement and Public Health. My delegation also acknowledges the need for the effective implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, with a view to strengthening national capacities in developing countries and to ensuring universal access to medicines and medical technologies.

Among the measures to ensure that we effectively and sustainably address the challenge of NCDs, my delegation would like to underscore the need for effective systems to assess and address their impact, as well as to monitor and evaluate progress in NCD treatment, prevention and control. We note, however, that developing countries face challenges in building such capacities owing to inadequate resources.

While acknowledging the efforts and mechanisms already under way, we believe that new and innovative global partnerships should be established, while strengthening existing ones through North-South, South-South and triangular cooperation. In the same vein, we call for the fulfilment of development assistance commitments to enable developing countries to more effectively meet the challenges of NCDs. My delegation welcomes the establishment of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases to coordinate the activities of the relevant United Nations funds, programmes and specialized agencies and of other intergovernmental organizations. We hope that that will help support the fulfilment of the commitments made by the Heads of State and Government in the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex).

Finally, there is a need to improve the tracking of resources allocated to NCDs. In that respect, we welcome the proposal made to the Development Assistance Committee to consider developing a purpose code for NCDs.

In conclusion, my delegation would like to reiterate the undeniable moral and socioeconomic imperative before us to tackle the challenge of NCDs. As the international community, we have not only the unprecedented technological capacity to fully analyse and understand the problem but also the knowledge and resources required to greatly reduce the epidemic's toll and to rid the world of the scourge of NCDs and their negative impact on the progressive march of global development.

Mr. Mwanza (Zambia): Zambia aligns itself with the statement delivered by the representative of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

The adoption of the outcome document (resolution 68/300) yesterday reaffirms the global commitment made by our Heads of State and Government in the Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) in September 2011. It is worth noting that since 2011, significant progress has been made to prevent and control non-communicable diseases (NCDs), but much more needs to be done.

Chronic non-communicable diseases are the number-one cause of death and disability in the world. Non-communicable diseases are no longer illnesses of the affluent but affect all, regardless of their social or economic status. There are, of course, various etiological causes. The threat of non-communicable diseases is a major challenge to any country's development agenda and undermines social and economic progress, especially in developing countries, including mine.

Fulfilling the commitments made in the September 2011 Political Declaration must therefore remain at the top of our agenda through focused national and international multisectoral responses.

Zambia appreciates the preventive measures highlighted in the World Health Organization 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. In that regard, the Zambian Government has placed emphasis on combating NCDs, including but not limited to cancer, cardiovascular diseases, diabetes and chronic respiratory diseases. Those services are linked to the Government of Zambia's strategy of universal access to health services for all, provided as close to the family as possible.

The Government of Zambia is developing an NCD strategic plan that includes introducing and strengthening physical activity in all schools, the promotion of healthy diets and strengthening the enforcement of legislation on tobacco use and the harmful use of alcohol. The Government is establishing an additional 650 health posts in order to ensure the delivery of health services as close to families as possible. While my country has the very noble ambition of universal health coverage inclusive of all health conditions, we face various implementation challenges. One such example is the high cost of treatment for NCDs in comparison to non-infectious diseases. The treatment that stabilizes an HIV infection costs less that $50 per month, while drugs to stabilize asthma cost on average $400 per month.

In conclusion, for universal health coverage to be a reality the following must be done. First, there is a need for a broader definition of health-care workers beyond those essential workers, to include dietitians, social workers and physical therapists at all levels of health-care service delivery, in particular primary health-care services. Furthermore, that calls for investment in training and human development in the required specialized fields. Secondly, diagnostic services should be enhanced so as to detect conditions before debilitation worsens. Finally, bilateral, multilateral and private partnerships for health-care services must be enhanced.

Ms. De Anderson (Panama) (*spoke in Spanish*): Panama associates itself with the statement delivered by the representative of the Plurinational State of Bolivia on behalf of the Group of 77 and China (see A/68/PV.100).

In Panama, non-communicable diseases (NCDs) are the leading cause of death nationwide. In 2010 alone, 59.6 per cent of deaths were due to NCDs. The issue of NCDs is included in the public policies developed by the Ministry of Health of Panama. Among those policies are improving access to comprehensive health-care services under the principles of equity, efficiency, effectiveness and quality, as well as improving the geographic, socioeconomic, cultural and gender access of the population to health-care services with a comprehensive and multisectoral approach. We also plan to implement the national plan for the control of chronic diseases and cancer, and the national palliative care programme, focused on primary care, which were developed by executive orders and are in the implementation stage.

The incorporation of the 16/18 human papillomavirus vaccine in the expanded national immunization programme for 10-year-old girls has been a breakthrough in public policy.

The strategies developed by the Ministry of Health of Panama to address NCDs include the promotion of healthy diets in schools — a school lunch bag, school kiosks and the promotion of exercise, carried out jointly by the Ministry of Health and the Ministry of Education; training for teachers on the warning signs of cancer; a validation of the Chronic Care Passport of the Pan American Health Organization; a conclusion of the national strategic plan for the comprehensive prevention and control of non-communicable diseases and their risk factors for 2013-2018, which is currently pending publication and circulation; the use of the Surveillance, Epidemiology and End Results tool for analysing cancer statistics; the construction of a road along the coast of the Pacific Ocean where thousands of people exercise; the adoption of public policies that support the adoption of the Framework Convention on Tobacco Control; controlling excessive alcohol consumption; and promoting healthy eating and physical activity.

Panama is proud to have signed the Framework Convention on Tobacco Control and to be a country that prohibits all forms of tobacco advertising or promotion. The Government completely banned smoking in all public places and has created smoking-cessation clinics to provide support to smokers who want to quit.

The Republic of Panama has future plans to build a modern oncological hospital to improve access to cancer care and continues to emphasize the training of human resources in the health sciences. With the implementation of a national palliative care programme, we are working on a draft national law to improve access to opioids and pain relief.

Panama will be developing a strategic partnership with the World Health Organization in May for the creation of a cooperative centre, which will promote the implementation of the resolution of the World Health Organization entitled "Strengthening of palliative care as a component of comprehensive care throughout the life course" (resolution WHA67.19), which we co-sponsored.

We must recall that there needs to be a balance between control, regulation and timely access to the necessary medications with a view to controlling NCDs and to relieving pain and other symptoms.

The President of the Republic, His Excellency Mr. Juan Carlos Varela Rodríguez, has prioritized the development of a health census for carrying out a diagnosis of the state of glycemia, the lipid profile, blood pressure and obesity.

In a strategic partnership with the Mayor of Panama City, steps have been taken to implement a healthy neighbourhoods programme, which aims to provide citizens with green spaces, parks and sidewalks.

Last but not least, Panama is implementing a human and spiritual support programme for the sick with three fundamental pillars: improving patient care, considering them as biopsychosocial and spiritual beings; improving and meeting the needs of health-care workers; and improving the health-care infrastructure with regard to healthy work for patients and workers.

We believe that we can combat non-communicable diseases only by encouraging people to fulfil their commitment to developing healthy lifestyles and promoting cross-cutting work where the State continues to develop public health policies that will contribute to strengthening national and regional capacities.

The Acting President (*spoke in Arabic*): I now give the floor to the observer of the Observer State of Palestine.

Mr. Awwad (Palestine) (*spoke in Arabic*): Non-communicable diseases (NCDs) are a public health problem in Palestine, and the Government attaches great importance to the control of NCDs.

NCDs are a global and regional problem, not only a national one. However, the age group of those affected by NCDs in Palestine is different than in other parts of the world. Let me stress here that the youth suffer chronic diseases. Studies indicate that most of the youth suffer from two or three risk factors, which could have an effect on the NCDs. Furthermore, I would like to underscore that the difficult political situation of the Palestinian people as a result of the occupation and the dire economic consequences has been one of the primary causes for NCDs, particularly psychological disorders among children, students, women and the elderly.

Cardiovascular diseases, cancer and diabetes affect the youth in our country. Deaths among individuals with those diseases always occur between the ages of 40 and 50. Chronic diseases thus caused over 70 per cent of the deaths in Palestine in 2013. Cardiovascular and heart disease are the leading causes of death, brain haemorrhage is second, cancer is third and complications associated with diabetes are fourth.

The Palestinian Ministry of Health, with the support of the Palestinian Government, therefore took the following measures. First, it carried out a State-wide surveillance plan, in cooperation with the World Health Organization (WHO), which included 7,600 citizens between the ages of 18 and 65. The results of the study were used as data to develop a palliative care programme, in cooperation with Palestinian universities and the WHO, to control NCDs and chronic diseases. Through that programme we were able to monitor patients' risk factors, including those related to smoking, eating habits, obesity and physical activity. The assessment of the programme's results demonstrated its success. We started implementing the programme and now it is being extended to all parts of the West Bank. It will be brought to Gaza next in the context of the national unity Government.

An anti-smoking campaign was initiated and committees were established at both the national and the governorate levels in order to enable national institutions to control smoking. The committees' work has been successful.

Similarly, a programme was carried out in cooperation with the Ministry of Health and the Ministry of Education to monitor people's diets in order to prevent obesity. Public-awareness campaigns have been developed. Salt has been iodized, which has led to a reduction in the levels of sodium and lipids. We are now trying to change Palestinian salt standards so that they are compatible with world policies.

The hepatitis B virus vaccine has been introduced, and we are now trying to introduce the human papilloma irus vaccine for at-risk groups. Additional screening for breast cancer has been introduced. We now test all food products to ensure that they are free of carcinogens and pesticides and that they meet Palestinian standards.

We have established a national committee to combat NCDs. All the ministries are included so that they can receive the necessary support for their work. A programme to control NCDs was included in the primary-care plan. A specific law to combat smoking, supported by the President of the Palestinian Authority, has been enacted. In addition, NCD research has been undertaken in cooperation with the leading national institute and the WHO.

Those are some examples of our efforts. There is still a long way to go before we can control NCDs. I would therefore like to thank the Director-General of WHO and the Regional Director of the Regional Office for the Eastern Mediterranean for their efforts to promote the control of NCDs.

I would like to take this opportunity to say that Palestine and its children need United Nations support to end the ongoing Israeli incursions against our people in Gaza. Those incursions are a major factor in causing mental-health disorders, which we believe to be of great significance in the list of NCDs.

The Acting President (*spoke in Arabic*): We have heard the last speaker for the plenary segment of the High-level Meeting. We will now begin the closing segment, which will comprise the presentation of summaries of the round-table discussions by their respective Chairs.

Mr. Ferguson (Jamaica): I will present a summary of round table 1, on strengthening national and regional capacities, including health systems and effective multisectoral and whole-of-Government responses for the prevention and control, including monitoring, of non-communicable diseases (NCDs). The following is a situational analysis.

Member States expressed a deep respect for the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) and for the efforts of the Caribbean States that brought us that first High-level Meeting three years ago and the second High-level Meeting today.

We heard clearly that strong leadership and commitment were required at the highest level. We also heard about the important role of advocacy in promoting and advancing the NCD agenda. We heard of the importance of strengthening food systems, from production to consumption, to prevent diet-related NCDs.

We heard clearly that there was now a growing international awareness that national policies in sectors other than health had a major bearing on the risk factors for NCDs. We were witness to many illustrations this morning that health gains could be achieved much more readily by influencing public policies in sectors such as trade, finance, taxation, education, agriculture, urban development and food and pharmaceutical production than by making changes in health policy alone.

This morning, we learned about many examples where national authorities had adopted approaches to the prevention and control of NCDs that involved all Government departments and stakeholders beyond the Government. Examples from the representatives of Argentina, Barbados, Chile, the Congo, Costa Rica, Denmark, the European Union, the Federated States of Micronesia, Iran, Korea, Mexico, Nepal, Spain and South Africa, as well as the Joint United Nations Programme on HIV/AIDS and the Center for Science in the Public Interest, illustrated successful initiatives on salt reduction, healthy food legislation to ensure health-in-all policies, hypertension, diabetes and obesity.

We also acknowledged this morning that there was still a huge imbalance between the prevention and treatment of NCDs. A most striking example is that in the European Union only 3 per cent of the national health budgets are allocated for prevention, while 97 per cent are dedicated to cure. We also heard that climate change was affecting food systems in some countries.

The good news is that there are immediate opportunities to strengthen national capacities. Those include the following.

National leaders can translate the dream of the all-pervasiveness of health into a concrete national NCD action plan that unites Government departments, civil society and the private sector around a common agenda. As mandated in the 2011 Political Declaration, national leaders should establish a national high-level council or commission, as shared by the representative of Iran.

We need to develop clear messaging with regard to the myths surrounding NCDs, similar to the HIV/AIDS response, and to underscore that prevention must be the cornerstone of national NCD efforts. We need to map the national NCD epidemic so that it is no longer hidden, misunderstood and underreported. There is an immediate opportunity to strengthen national surveillance systems.

Member States can engage industry while remaining sensitive to potential conflicts of interest. Governments, civil society and the private sector are working together, and more can be done in that area. We heard that multisectoral actions on NCDs should involve programmes related to health literacy and advocacy, community mobilization and health system organization, as well as legislation and regulation. In particular, more legislation and regulation can reduce the impact of the marketing of foods on children, as we heard from the representative of Mexico.

We need to strengthen research capacity to address NCDs, particularly in developing countries. We need to invest in strengthening the capacity of human capital in the health sector. We can rethink funding as a key challenge in moving from commitment to action by establishing financial instruments at the national and global levels, including those related to official development assistance. We can continue to encourage the establishment of civil society platforms — for example, the national South Africa NCD Alliance — for advocacy, the provision of services, mobilizing people on the ground and holding Governments to account.

In terms of global opportunities to strengthen national capacities, we could establish a global countdown NCD 2025 initiative similar to Countdown to 2015: Maternal, Newborn and Child Survival. We could start to fund and equip the World Health Organization global coordination mechanism on NCDs. We could promote international solidarity among countries to ensure policy coherence between trade and health. We could use opportunities for synergy between the unfinished business of the Millennium Development Goals, for example on HIV, and NCDs.

Turning to concrete recommendations, we must maintain strong leadership and commitment at the highest level. We must conduct a review of international experience in the prevention and control of NCDs and identify and disseminate lessons learned. We must include the prevention and control of NCDs as an integral part of the work on the national and global development agenda and related investment decisions. We must establish coalitions of stakeholders, for example, the media and the health-care sector, around a common target, such as to reduce salt intake. We should consider addressing tobacco use as an entry point for wider NCD work. In particular, we should include the use of tobacco taxes to increase the availability of domestic financing for NCD programmes.

On operationalization, to strengthen capacities for whole-of-society efforts for NCDs while taking into account the triple burden that most of us face, we must now nationally set national targets for NCDs, ensure that prevention becomes a cornerstone of national NCD policies and plans, and reform primary health-care infrastructure and train and retrain the health workforce in all aspects of NCD response. We must increase public-sector investment in addressing NCDs as a development priority, using domestic and internatinoal resources, including tobacco taxes and human capital. And we must ensure policy coherence across Government departments.

On the global level, we must mainstream NCDs into the relevant existing platforms — for example, the Scaling Up Nutrition Network — while expanding existing projects, such as the global hypertension control project developed by the Healthy Caribbean Coalition, to a global scale, and by ensuring that NCDs have a prominent role in the post-2015 development agenda.

Mr. Koh (United States of America): I am Dr. Howard Koh, Assistant Secretary for Health of the United States of America. I am very pleased to give the summary of the round-table 2 discussion.

First, we heard some comments on the current situation. It was observed that the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) sets out clear roles for Member States, United Nations agencies and bodies, civil society and the private sector in addressing non-communicable diseases (NCDs). We heard many examples illustrating the playing out of those roles from Argentina, Canada, Denmark, Iran, Mexico, the Niger, Norway, the Republic of Korea, Spain, Suriname and Sweden. There was a call for not just more partnerships, but better results. And there was a call to rethink the role of international resources for non-communicable diseases. It was suggested that we should learn from existing United Nations conventions on internationally controlled medicines on how to foster international cooperation for NCDs, and that opportunities existed to address NCDs with respect to the treatment of drug addiction and mental health conditions. Seven opportunities were identified.

First, an opportunity was identified to embrace a collaborative, multisectoral approach for NCDs ranging, inter alia, from the financial sector to the entertainment sector.

Secondly, an opportunity was identified to create incentives for coming together. Those incentives could include international actors establishing a global NCD observatory as part of the Global Coordination Mechanism on NCDs, under the auspices of the World Health Organization (WHO), which includes so-called soft accountability for bilateral and multilateral donors to identify funding instruments and incorporate creditor reporting systems codes from the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD) to track overseas development assistance for NCDs, for domestic partners to establish high-level commissions, including mainstreaming NCDs into all health planning and development agendas, for health systems to include NCDs in universal health coverage frameworks and mainstream NCD discussions into existing vertical programmes, such as for Hepatitis B and HIV/AIDS.

A third opportunity was to benefit from stronger international regulatory frameworks to combat obesity, as suggested by Mexico, or reduce the harmful use of alcohol, as suggested by the Republic of Korea.

The fourth opportunity was to explore further taxes on tobacco and alcohol for domestic financing.

The fifth opportunity identified was to establish models to help countries calculate the cost of inaction versus action.

The sixth opportunity was to continue to encourage the private sector to serve as a strong partner to improve access to affordable medicines for NCDs, with some examples that included improving medical infrastructure in rural areas, increasing health literacy among vulnerable populations and providing mobile phones for adherents.

A seventh opportunity was to strengthen the important role of civil society. Denmark commented on its experience in providing support to NCD alliances in East Africa.

There were six recommendations.

The first recommendation was to mobilize collective expertise on how to form multisectoral partnerships on NCDs and how to measure their impacts.

The second recommendation was to focus those partnerships on systems issues, rosters of partnership, core competencies and core assets of each partner, and to keep in mind the WHO best-buys.

The third recommendation was to focus mobilization resources on generating domestic sources, such as tobacco taxes, and use those proceeds to finance domestic health services.

The fourth recommendation was to include non-governmental organizations and official delegations to the WHO World Health Assembly and to the United Nations General Assembly.

The fifth recommendation was to provide technical support to help countries in calculating the cost of action versus inaction and return on investment calculations.

And the sixth recommendation was to position NCDs in the post-2015 development agenda with the proper vision and framework.

To operationalize the foregoing, we can summarize and conclude the following.

For Member States, we encourage implementing concrete steps included in the outcome document adopted at this High-level Meeting (resolution 68/300, annex). For the OECD Development Assistance Committee, we support establishing a creditor reporting system code to track overseas development assistance for NCDs and increase funding NCD work. For the WHO and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases, we encourage scaling up activities to provide technical assistance to support national efforts, including training of the work force. For civil society, we back increasing advocacy and the provision of services to complement Government efforts. Finally, for the private sector, we support establishing concrete partnerships in which the private sector can fully engage.

The Acting President: As we come to the close of this High-level Meeting, I am pleased to deliver the following statement on behalf of the President of the General Assembly.

"This review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs) has been a follow-up to the 2011 Political Declaration of the High-level Meeting on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). It was designed, inter alia, to look at the progress achieved, identify and address gaps in implementation, reaffirm political commitments and encourage scaling up of multi-stakeholder and national multisectoral responses to the prevention and control of NCDs.

"I believe that over the last two days we have fulfilled that mission. I would like to thank all of our speakers, panellists and chairs for engaging our minds with their contributions and perspectives.

"Yesterday we adopted the robust outcome document (resolution 68/300, annex), which provides a framework for intensifying our efforts and commitments at the national and international levels in the fight against NCDs. We all know that there is much more work ahead of us — a point that was reiterated many times during yesterday's debate. Member States underscored that NCDs were more than just a health issue; they had broader social and economic ramifications and were closely linked with development challenges such as poverty reduction, food security and climate change.

"In addition, we heard about the many challenges NCDs impose on societies, leading to early death and disability, burdening caregivers and costing economies billions every year. We heard that the impact of NCDs was felt more deeply in developing countries, many of which are struggling with a lack of capacity and resources to move to commitment to action.

"Many are in need of affordable medication and diagnostics. Several speakers felt that economic growth, modernization and urbanization had contributed to the spread of unhealthy lifestyles and had increased the risk factors for NCDs.

"Yesterday's speakers also gave us cause for optimism by sharing their experiences, best practices and recommendations. We were informed about national public policy strategies to address such risk factors as tobacco use, harmful alcohol consumption, unhealthy diet and lack of physical exercise.

"We heard about the benefits of comprehensive national health programmes and the involvement of line ministries, including finance, health, education and social services.

"Many mentioned the need to approach NCDs holistically, with coordination and cooperation among Governments, health sectors, businesses, academia, communities and others. Several speakers emphasized the importance of data collection, national legislation and an enabling environment to support policy implementation.

"Technical assistance for capacity-building, especially for developing countries, was emphasized, as it will, in turn, strengthen the ability of countries to measure, monitor and assess the progress made in addressing NCDs. In developing countries where capacity and resources are lacking, further cooperation with international and regional financial institutions was proposed by several Member States.

"With regard to the post-2015 development agenda, some speakers called for the integration of an NCD/health-oriented goal or objective, including as a stand-alone goal. At the same time, many speakers referred to the need to strengthen national health systems and to move towards universal health coverage.

"After our two days of meetings here, it is clear that we are all in agreement that NCDs are a constraint on global development and on achieving the world we want. Our outcome document reminds us that we must approach that challenge at all levels and from every angle and that NCDs, along with other health issues, must be given strong consideration in the negotiations on the post-2015 development agenda. We must also keep our attention focused on two important future dates — first, the Secretary-General's report to be issued by the end of 2017 on both the implementation of the outcome document adopted at this High-level Meeting and the Political Declaration of 2011 and, secondly, a comprehensive review of the progress on that issue, to take place in 2018.

"Between now and the next review, there should be ample opportunity to begin changing the landscape of NCDs. The path to sustainable development unites us all. That is particularly so in managing the challenge of NCDs, which affects

> every one of us in one way or another. Let us remain united in the quest to improve the health and human development of all the world's people."

(*spoke in Arabic*)

I now declare closed the High-level Meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases.

The General Assembly has thus concluded this stage of its consideration of agenda item 118.

The meeting rose at 6.15 p.m.

United Nations A/68/PV.104

General Assembly

Sixty-eighth session

Official Records

104th plenary meeting
Thursday, 17 July 2014, 3 p.m.
New York

President: Mr. Ashe .... (Antigua and Barbuda)

The meeting was called to order at 3.05 p.m.

Agenda item 63 (*continued*)

New Partnership for Africa's Development: progress in implementation and international support

(a) New Partnership for Africa's Development: progress in implementation and international support

Draft resolution (A/68/L.41/Rev.1)

The President: Members will recall that the General Assembly considered, in a joint debate, agenda item 63 and its sub-items (a) and (b) and agenda item 13, at its 36th and 37th plenary meetings, on 25 October 2013.

I now give the floor to the representative of the Plurinational State of Bolivia to introduce draft resolution A/68/L.41/Rev.1.

Ms. Vilaseca Chumacero (Plurinational State of Bolivia): I have the honour to introduce, on behalf of the Group of 77 and China, a draft resolution entitled "New Partnership for Africa's Development: progress in implementation and international support", contained in document A/68/L.41/Rev.1, under agenda item 63 (a). The Group of 77 and China would like to express its appreciation to all delegations for their constructive deliberations on and contributions to the draft resolution.

The draft resolution presented today reaffirms the support of the international community for the implementation of the African Union's New Partnership for Africa's Development (NEPAD) and recognizes the progress in its implementation. It also welcomes the commitment of African leaders to Africa's political, social and economic integration agenda and to the ideal of pan-Africanism and African renaissance, as reaffirmed in the solemn declaration adopted in May 2013 on the occasion of the fiftieth anniversary of the Organization of African Unity/African Union. The draft resolution also welcomes the progress made in the development of the African Union Agenda 2063 as a strategic vision and action plan for ensuring a positive socioeconomic transformation in Africa within the next 50 years, particularly through regional integration, industrialization, diversification of the economy and job creation.

With regard to the topic of governance, the draft resolution welcomes the commendable progress that has been achieved in implementing the African Peer Review Mechanism, in particular the completion of the peer review process in 17 countries, and welcomes the progress in implementing the national programmes of action resulting from those reviews. The draft resolution also recognizes and welcomes the sustained efforts of African countries in mainstreaming a gender perspective and the empowerment of women in the implementation of the New Partnership.

The progress made thus far by Africa must continued to be supported by developed countries. In that regard, the draft resolution expresses concern at Africa's disproportionately low share in the volume of

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international trade, which stands at approximately 3 per cent, also expresses concern that official development assistance to Africa fell in 2013, and further expresses concern at the increased debt burden of some African countries. In that context, the draft resolution presented today calls for the fulfilment of the official development assistance (ODA) commitments, including the commitments to allocate 0.7 per cent of gross national product to ODA.

Finally, Africa's efforts to eradicate poverty and hunger, create jobs and ensure sustainable development must be completed by sustained support from developed partners. In that vein, the draft resolution urged the international community to give due attention to the priorities identified in the context of NEPAD in the formulation of the post-2015 development agenda.

The President: I call on the representative of Kenya to make an oral revision to draft resolution A/68/L.41/Rev.1.

Mr. Ogweno (Kenya): At the outset, I thank you, Mr. President, for convening this meeting on the adoption of a very important draft resolution on the New Partnership for Africa's Development (NEPAD). Similarly, I thank you for giving me the opportunity, in my capacity as the facilitator of the draft resolution, to deliver this statement.

The core mandate of NEPAD is to facilitate and coordinate the implementation of regional and continental priority programmes and projects and to push for partnerships, resource mobilization, research and knowledge management. It is a mandate that all African States take very seriously and for which they seek the support of all development partners towards its full realization. Accordingly, the NEPAD resolution has always been negotiated and adopted by the General Assembly by consensus.

I am pleased that the same procedure has been followed in that regard today. As facilitator of the draft resolution, I take this opportunity to thank all delegations for their constructiveness and flexibility during the entire negotiating process. I am particularly grateful to all participants for providing me with the delicate compromise reached in elaborating the draft resolution.

Turning to paragraph 39 of draft resolution A/68/L.41/Rev.1, I wish to state that it has been the most difficult paragraph to resolve. Irrespective of the fact that it contains agreed language that was borrowed in its entirety from previous and current trade resolutions adopted by the General Assembly, it has brought into sharp focus some issues currently being deliberated in Geneva in the context of World Trade Organization negotiations.

For close to a month, a compromise on the paragraph seemed almost elusive. We eventually reached the conclusion that paragraph 39 must neither divide us nor scuttle our collective efforts, since our core focus remains the full and effective support of the implementation of NEPAD programmes and projects. Consequently, I wish to make an oral revision to paragraph 39 to have it end after the word "negotiations" and to delete the subsequent wording. The revised version of paragraph 39 would therefore read:

> "Notes the progress made at the Ninth Ministerial Conference of the World Trade Organization, held in Bali, Indonesia, from 3 to 7 December 2013, and looks forward to the timely implementation of the 'Bali package', including the trade facilitation agreement, and calls for a balanced, ambitious, comprehensive and development-oriented outcome of the Doha Development Agenda multilateral trade negotiations".

I wish to state that the revised paragraph 39, as I have read it out, is agreed language in the context of previous General Assembly resolutions on this item, but because we sought consensus agreement, we requested the oral revision that I have just proposed.

I also wish to clarify that this is the agreed win-win solution for all. In that connection, I would add that the consensus on paragraph 39 was reached on the understanding that the paragraph, as it stands with the oral revision I have just read out, shall not be used to prejudice either future negotiations in the context of the World Trade Organization or resolutions on trade issues negotiated and adopted by the General Assembly. In other words, the amendment is NEPAD-specific and does not set a precedent for resolutions addressing future agreements.

In conclusion, I wish to share with the Assembly a Swahili proverb of wisdom, which says that it is useless for me to recognize a person who does not recognize me. I thank all delegations for recognizing each other's red lines and for adjusting accordingly, particularly on paragraph 39. I also thank all for the trust bestowed on me as facilitator of the draft resolution and for the support rendered for its successful conclusion and adoption.

The President: The Assembly will now take a decision on draft resolution A/68/L.41/Rev.1, entitled "New Partnership for Africa's Development: progress in implementation and international support", as orally revised.

I now give the floor to the representative of the Secretariat.

Mr. Botnaru (Department for General Assembly and Conference Management): I should like to announce that, since the submission of the draft resolution, in addition to those delegations listed in the document, the following countries have become sponsors of A/68/L.41/Rev.1: Austria, Estonia, France, Hungary, Ireland, Italy, Luxembourg, Montenegro, Norway, Poland, Portugal, Slovenia and Turkey.

The President: May I take it that the Assembly decides to adopt draft resolution A/68/L.41/Rev.1, as orally revised?

Draft resolution A/68/L.41/Rev.1, as orally revised, was adopted (resolution 68/301).

The President: May I take it that it is the wish of the General Assembly to conclude its consideration of sub-item (a) of agenda item 63 and agenda item 63 as a whole?

It was so decided.

Agenda item 115 (*continued*)

Election to fill vacancies in subsidiary organs and other elections

(e) Election of the Executive Director of the United Nations Human Settlements Programme

Note by the Secretary-General (A/68/915)

The President: Members will recall that, by its decision 64/428, of 25 August 2010, the General Assembly, on the proposal of the Secretary-General, elected Mr. Joan Clos (Spain) as Executive Director of the United Nations Human Settlements Programme for a term of office of four years, beginning 18 October 2010 and ending on 17 October 2014.

In accordance with resolution 56/206 of 21 December 2001, the Secretary-General nominates Mr. Clos for re-election by the Assembly as Executive Director of the United Nations Human Settlements Programme for a term of office beginning on 18 October 2014 and ending on 31 December 2017.

Accordingly, may I take it that the General Assembly wishes to re-elect Mr. Joan Clos as Executive Director of the United Nations Human Settlements Programme for a term of office beginning on 18 October 2014 and ending on 31 December 2017?

It was so decided.

The President: I now give the floor to the representative of Libya.

Mr. Dabbashi (Libya): I have the honour to make this statement on behalf of the Group of African States. At the outset, the Group thanks you, Mr. President, for convening this important debate in order to take action on the important agenda item before us.

The Group reaffirms its continuing support to the United Nations Human Settlements Programme (UN-HABITAT). In that regard, the Group takes note of the appointment of Mr. Joan Clos for a second term as Executive Director of the Programme. The Group also reiterates the important mandate vested in the Programme and the need for it to fully and effectively implement the mandate. The mandate will be increasingly relevant in the future given the ever-growing global population and the challenges it will create in both rural and urban areas around the world.

In that regard, the Group remains keen to strengthen the Programme in the context of the Third United Nations Conference on Housing and Sustainable Urban Development, to be convened in 2016. This is critically important for all Member States given that urbanization has become a global priority with benefits and challenges alike. The Programme will therefore have to be strengthened if it is to help Member States respond sufficiently to the challenges of human settlements and urbanization in the twenty-first century.

Because of this, and mindful of some advantages that could be derived from the exercise of this mandate, the Group has therefore decided to accept the reappointment of the current Executive Director. However, this does not mean that we are fully satisfied with the current performance and governance of the entity. We have serious concerns and wish to point them out for consideration and so that appropriate solutions can be found as a matter of urgency.

The first concern regards the expansion of UN-HABITAT's programmatic footprint. The Group notes with deep concern the shrinking programmatic footprint of UN-HABITAT. We say this because some programmes supported until now by UN-HABITAT in African countries have been discontinued under the current management. This is clearly unacceptable as the relevance of the programmatic activities of the Programme are mainly in the developing world, where the challenges of human settlement and urbanization continue to increase.

In a similar vein, we are concerned with the opening and/or the relocation of some UN-HABITAT offices, in particular to European cities. While we may not challenge the intention of such moves, as UN-HABITAT was created to help with capacity-building in all States, the Group disagrees with the unilateral approach adopted by the management in that regard.

We say this because the relocation and/or opening of new offices have programme budget implications that impinge on day-to-day management, governance and the utilization of available financial resources. Needless to say, such initiatives should never be undertaken in a manner that undermines the core headquarters functions of the Programme in Nairobi. We therefore reiterate that such weighty decisions pertaining to governance arrangements of the Programme must be taken only in full consultation with and with the endorsement of all Member States.

The second concern centres on the Group's disappointment with the current handling of human resources development and personnel at UN-HABITAT. While we acknowledge that the Programme has experienced some financial challenges in the recent past, we are nevertheless not in favour of certain measures that have been or are being taken to keep it in a good financial state. The Group disapproves in particular of the retrenchment initiatives targeting personnel mainly from developing countries, as well as the lack of promotion and/or sidelining in key positions at the Programme.

In that regard, we emphasize the need to strike a balance between North and South, especially regarding the recruitment and/or promotion of staff to positions that influence key policy issues and decision-making at the Programme. Resolving that important issue in a professional and politically acceptable manner is very important if UN-Habitat is to effectively respond to the settlement challenges facing the developing world.

The third concern regards mobilization of adequate and predictable financial resources for the effective running of the Programme. We know that the allocation of financial resources from the United Nations regular budget is hardly enough for the full and effective operational and programmatic activities of the Programme. That is why extrabudgetary resources have continued to play a very important role.

We are, however, concerned that the current mobilization of financial resources from sources other than the United Nations regular budget has dropped significantly in the past couple of years. We note with concern that the convening of the most recent session of the Governing Council of UN-Habitat was made possible only courtesy of the support of one of our own African countries. While the Group appreciates the generous support of our brotherly State in that regard, we are concerned that the failure of management to mobilize financial resources from traditional partners and other stakeholders does not augur well for the future of the Programme. We therefore encourage the Executive Director to continue reaching out to traditional partners for resource mobilization.

Finally, the Group reiterates its commitment to the Programme and will continue to do everything possible to ensure that it fully executes its mandate. The African Group also stresses that the issues it has raised must be addressed effectively and as a matter of urgency. We shall therefore continue to follow up on the progress made in that regard and hope that the Executive Director, following his appointment, will effectively address those concerns.

The President: May I take it that it is the wish of the General Assembly to conclude its consideration of sub-item (e) of agenda item 115?

It was so decided.

Agenda item 116 (*continued*)

Appointments to fill vacancies in subsidiary organs and other appointments

(j) Appointment of members and alternate members of the United Nations Staff Pension Committee

Note by the Secretary-General (A/68/940)

The President: Members will recall that the Assembly decided to include this sub-item in the agenda of the current session at its resumed ninety-ninth plenary meeting, on 3 July 2014. Members will also recall that, at that same meeting, the Assembly, taking into account that the Fifth Committee had concluded its work for the resumed part of the session, and without setting a precedent, decided to consider the sub-item directly in the plenary meeting.

As indicated in document A/68/940, the Secretary-General has received notification of the resignation of Mr. Gerhard Kuntzle of Germany from the United Nations Staff Pension Committee, effective 16 June 2014. The Assembly will therefore be required to appoint at this current session a person to fill the vacancy for the remaining period of the term of office of Mr. Kuntzle, which expires on 31 December 2016. It is also indicated in that document that the Government of Germany has nominated Mr. Jörg Stosberg to fill the vacancy arising from the resignation of Mr. Kuntzle. The Secretariat was informed by the Chair of the Group of Western European and Other States that the candidature of Mr. Stosberg has been endorsed by that Group.

May I therefore take it that it is the wish of the Assembly to appoint Mr. Jörg Stosberg as a member of the United Nations Staff Pension Committee for a term of office beginning on 17 July 2014 and ending on 31 December 2016?

It was so decided.

The President: May I take it that it is the wish of the General Assembly to conclude its consideration of sub-item (j) of agenda item 116?

It was so decided.

Programme of work

The President: I should like to inform members that consideration of draft resolution A/68/L.54, entitled "Modalities for the overall overview by the General Assembly of the implementation of the outcomes of the World Summit on the Information Society," submitted under agenda item 16, entitled "Information and communications technologies for development," is postponed to a later date to be announced. The document will be reissued for technical reasons.

The meeting rose at 3.35 p.m.

United Nations A/68/PV.105

General Assembly

Sixty-eighth session

Official Records

105th plenary meeting

Thursday, 31 July 2014, 10 a.m.
New York

President: Mr. Ashe .... (Antigua and Barbuda)

In the absence of the President, Mr. Tommo Monthe (Cameroon), Vice-President, took the Chair.

The meeting was called to order at 10.25 a.m.

Agenda item 7 (*continued*)

Organization of work, adoption of the agenda and allocation of items

The Acting President: Members will recall that the Assembly concluded its consideration of agenda item 16 at its 71st plenary meeting, on 20 December 2013. In order for the Assembly to take action on the draft resolution before it today, it will be necessary to reopen the consideration of agenda item 16. May I take it that it is the wish of the General Assembly to reopen its consideration of agenda item 16?

It was so decided.

Agenda item 16 (*continued*)

Information and communications technologies for development

Draft resolution (A/68/L.54)

The Acting President: Members will furthermore recall that at its 2nd plenary meeting, on 20 September 2013, the General Assembly decided to allocate agenda item 16 to the Second Committee. To enable the General Assembly to take action expeditiously on the draft resolution, may I also take it that the Assembly wishes to consider agenda item 16 directly in plenary meeting and proceed immediately to its consideration?

It was so decided.

The Acting President: The Assembly will now take a decision on draft resolution A/68/L.54, entitled "Modalities for the overall review by the General Assembly of the implementation of the outcomes of the World Summit on the Information Society". May I take it that the Assembly decides to adopt draft resolution A/68/L.54?

Draft resolution A/68/L.54 was adopted (resolution 68/302).

The Acting President: Before giving the floor to speakers in explanation of position, may I remind delegations that explanations are limited to 10 minutes and should be made by delegations from their seats.

Mr. Mukerji (India): My delegation had the honour to negotiate resolution 68/302 to its logical conclusion on behalf of the Group of 77 and China. Although it was a lengthy period of protracted negotiations spanning nearly six months, the journey that we undertook from seemingly unbridgeable positions to the eventual solution that we have adopted in the form of the resolution today is indeed welcome news for all other multilateral negotiation processes at the United Nations.

Allow me first to place on record our sincerest appreciation to the facilitators, the Permanent Representatives of Tunisia and Finland, for having

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taken an extremely constructive role in the process and for their leadership in having found the most amicable solution. I must also thank the delegations of the United States and the European Union and compliment them on their constructive and forward-looking approach during the negotiations, which helped us to arrive at a win-win solution for all. I would also like to thank all States members of the Group of 77 and China for their support and for having made substantive contributions in finding the middle ground on the subject.

Our task was to find the solution to five issues in the resolution, namely, the timing, structure, format, participation and outcome of the overall review. The resolution, which completed the silence procedure successfully, is ample testimony to the best way forward on all those five counts.

We have been able to secure the centrality and supremacy of the General Assembly in that process. The review has been mandated as an "intergovernmental negotiation process" that takes into account inputs from Member States, observer States, observers and all relevant stakeholders of the World Summit on the Information Society. It ensures that our leaders "at the highest possible level" will meet in a high-level meeting of the General Assembly in December of next year to adopt the outcome of our intergovernmental negotiations. Most importantly, it keeps the focus firmly on using information and communications technologies (ICTs) for development and bridging the development divide. It also promises to address the challenges that have emerged since 2005, while fully respecting the mandate of the Tunis Agenda for the Information Society.

We therefore look forward to commencing the overall review in June next year within the Assembly and under its established rules of procedure, which have also been designated the guiding benchmark for this process in the text of the resolution. We would like to assure the President of our delegation's steadfast commitment to ensuring a forward-looking, action-oriented and substantive outcome document that does full justice to the enormous potential that ICTs have to offer for the benefit of all, especially developing countries.

Mrs. Robl (United States of America): The United States was pleased to join the consensus on resolution 68/302 and looks forward to working with the General Assembly and the multi-stakeholder community during the high-level meeting to be held in December 2015. We very much appreciate the excellent leadership of the Permanent Representatives of Finland and Tunisia in marshalling the negotiations that led to the resolution, which we believe provides a mechanism for the Assembly to fulfil the mandate arising from the Tunis Agenda for the Information Society adopted in 2005. We would also like to thank all our colleagues who cooperated in forging this consensus resolution.

My Government is pleased that the high-level meeting will include strong multi-stakeholder participation. In the years since the original World Summit on the Information Society, the international community has increasingly embraced the open, inclusive, multi-stakeholder processes that have facilitated the information society's extraordinary success. The United Nations membership has recognized that success and the importance of the multi-stakeholder model in crafting the participation for this event. Recent events such as NETmundial in Brazil have confirmed that global support for the multi-stakeholder approach to Internet governance and policymaking is growing.

The United States will continue to stand firmly with the multi-stakeholder community against any attempts to undermine the model that has made the ubiquity and dynamism of the information society possible. We are also pleased that the high-level meeting will take into account inputs from all relevant World Summit on the Information Society stakeholders. All stakeholders have contributed to the successful implementation of the Summit and deserve a voice in the 10-year review. Similarly, we are gratified that the modalities reaffirm the role of the Commission on Science and Technology for Development in assisting the Economic and Social Council as a focal point in the system-wide follow-up to the Summit. The Commission is the best venue for providing an objective, evidence-based and data-driven review of the Summit to the General Assembly.

The United States believes that this event will help us move past political posturing and ideology towards problem-solving, and will return us to the World Summit on the Information Society mandate of building a people-centred, inclusive and development-oriented information society that will enable individuals, communities and peoples to achieve their full potential in promoting their sustainable development and improving their quality of life.

Mr. Mollinedo Claros (Plurinational State of Bolivia): The Group of 77 and China (G-77) welcomes the adoption by consensus of resolution 68/302 on modalities for the overall review by the General Assembly of the implementation of the outcomes of the World Summit on the Information Society at this meeting.

The resolution recalls the Declaration of Principles and the Plan of Action adopted by the World Summit on the Information Society and endorsed by the General Assembly, as well as the Tunis Commitment and the Tunis Agenda for the Information Society, in which the Assembly was requested to undertake the overall review in 2015 of the implementation of the outcomes of the World Summit. The Group of 77 and China would like to affirm its position that while we want the high-level meeting to be held in December 2015 at the summit level, the phrase used in the resolution — "at the highest possible level" — does not preclude the possibility of our leaders at the highest level attending the adoption of the outcome document. Given the importance that information and communications technologies hold for developing countries, we would like to assure the Assembly of participation by leaders from the G-77 at the highest levels in the meeting to be held in December next year.

In addition, we are heartened to note that the primary concern for developing countries — that is, bridging the digital divide — has been recognized as one of the key elements of the scope of today's resolution. We have also been able to ensure the primacy and centrality of the General Assembly as key elements in the conduct of the overall review, without any deviation from the Assembly's established rules of procedure. The Group of 77 and China is happy to reaffirm that the General Assembly is a multilateral rather than a multi-stakeholder body, and that any attempt to change its character and nature has been successfully resisted in the text of the resolution.

The Group of 77 and China believes that the Assembly's overall review will not only take stock of the progress that has been made in implementing the outcomes of the World Summit on the Information Society since 2005, but will also address potential information and communications technology gaps and areas needing continued focus, as well as addressing challenges in harnessing information and communications technologies for development. Another important point that required consideration was that the overall review should not be predicated on the input of the Commission on Science and Technology for Development alone but should be based on all relevant inputs, including, first and foremost, submissions from Member and observer States.

The G-77 and China would like to thank its coordinator, the delegation of India, for its successful negotiation of the resolution on behalf of the Group, as well as to commend the constructive role of our partners in helping us to arrive at a mutually agreeable solution.

Mr. De Aguiar Patriota (Brazil): I would like to thank the President for convening this meeting on adopting resolution 68/302 on modalities for the 10-year review of the outcomes of the World Summit on the Information Society. I would also like to thank the Permanent Representatives of Finland and Tunisia, Ambassadors Jarmo Viinanen and Khaled Khiari, for assisting us with the mandate set forth in paragraph 111 of the Tunis Agenda for the Information Society. Our appreciation also goes to the delegation of India for representing the Group of 77 and China (G-77) well and to those in the Secretariat who carefully translated into a text the substantive agreements of Member States, protecting them from even the most innocent of editorial changes.

My delegation associates itself with the statement delivered by the representative of Bolivia on behalf of the G-77 and China, and would like to present the following comments in its national capacity.

Information and communications technology (ICT) can play a catalysing role in helping developing countries to achieve the overarching goals of poverty eradication, inclusive economic growth and sustainable development, as set out in the outcome document of the United Nations Conference on Sustainable Development (Rio+20), entitled "The future we want" (resolution 66/288, annex).

In fact, we made good progress on the Rio+20 mandate by creating a set of sustainable development goals that are universal in nature and take into account the common but differentiated responsibilities of developed and developing countries, in particular their respective capabilities. On Saturday, 19 July, the Open Working Group on Sustainable Development Goals adopted 17 goals, together with 169 targets, framed by a substantive narrative in the form of an introduction. Information and communications technology is explicitly mentioned in Goals 4, 5, 9 and 17. That means that the Open Working Group decided that ICT was relevant to achieving the sustainable development goals in the fields of education, promoting gender equality and the empowerment of women and girls, infrastructure and industrialization and that they were important enablers under the technology subheading of Goal 17 on the means of implementation.

That clearly sets a high standard for the 10-year review and follow-up to the World Summit on the Information Society. It also establishes a clear and natural link between the Summit and the post-2015 development agenda, to be concluded and adopted next year. The international community will need to redouble its efforts to bridge the digital divide, thereby reducing inequality within and among countries. That will require the channelling of appropriate and sustainable funds for ICT infrastructure, especially broadband networks and services, as well as capacity-building and technology transfer. The sustainable development goals also mention the establishment of a United Nations global technology facilitation mechanism, the promotion of the technology bank and science, technology and innovation capacity-building for the least developed countries by 2017.

Open, transparent and democratic Internet governance is an issue to which my country attaches the utmost importance. We need to ensure that the Internet remains a space safe for public use, where civil liberties and individual freedoms are fully recognized and protected, even against the backdrop of national security, police control or intelligence considerations.

In order to discuss that at the highest level, Brazil convened the Global Multi-stakeholder Meeting on the Future of Internet Governance (NETmundial) in São Paulo in April. Participants agreed that surveillance performed on a systematic, arbitrary or mass scale undermined user confidence, eroded trust in governance and was a violation of the human right to privacy, encroaching upon other freedoms, such as the freedom of expression and of opinion. It also undermines the role of the Internet as a platform for business and private-sector development, harming the trust placed in it by millions of consumers by giving away their personal information.

We need to prevent the false dilemma between free speech and privacy, on the one hand, and security in cyberspace, on the other. As long as there are no guarantees that the flow of information will remain private, speech cannot be deemed to be free. A recently published report based on almost 100 interviews demonstrates, for example, how mass surveillance and secrecy are undermining press freedom. Reporting on matters of major public concern is curtailed because the complexity of programmes and their undeclared reach and unclear legal foundations raise the stakes for those who might otherwise consider talking to journalists.

With regard to the fight against terrorism, the Security Council has repeatedly stated that measures must comply with all obligations under international law, in particular human rights, refugee and humanitarian law. Those sensitive dimensions of a new trend towards the unbridled securitization of cyberspace is all the more reason to further the discussion of a legal framework that safeguards rights, democratic governance and appropriate conduct on the Internet at the international level, be it in the Human Rights Council, the Internet Governance Forum or in the follow-up to the Summit.

NETmundial participants also expressed the view that the Internet Corporation for Assigned Names and Numbers (ICANN) needs to urgently transform into a truly international organization and break away from a governance structure that is still subjected to the ultimate unilateral control of a single Government. ICANN needs to be more global, more representative and more legitimate. My delegation is convinced that the United Nations is the most appropriate forum for discussing that pressing issue and for moving such a process forward.

Brazil's own experience highlights the importance of a multi-stakeholder model of Internet governance, where the voice and views of no individual participant takes precedence over those of another, where the public, not-for-profit and private sectors interact without nullifying each other and where the presence of multi-stakeholders is not incompatible with multilateralism. Such a model definitely represents an improvement over the current unilateralist governance model, wherein civil liberties and the public interest are insufficiently safeguarded.

Finally, Brazil regrets that the Working Group of the Commission on Science and Technology for Development could not agree on the recommendations to fully implement the mandate of the World Summit on the Information Society on enhanced cooperation of the Tunis Agenda. Today's resolution establishes a new deadline of June 2015, which must be met.

I thank the President for calling upon Member States and the United Nations system to engage in the debate of such critical issues of our time.

Mr. Missaoui (Tunisia): My delegation would like to take this opportunity to express its heartfelt appreciation for the contribution of Member States and of the stakeholders of the World Summit on the Information Society to the negotiation process that resulted in the adoption of the text of resolution 68/302.

We believe that by adopting the comprehensive set of modalities laid out in the text, we committed to ensuring the successful organization and outcomes of the overall review next year. The adoption of the resolution by consensus today also demonstrates our common goal of ensuring the successful overall review of the implementation of the outcomes of the World Summit on the Information Society, taking into account the critical role of information and communications technology (ICT) in changing our society. In fact, ICT has helped us to be more productive and more efficient than ever before in fulfilling our desire for sustainable development and a better life. However, with those new opportunities come new threats, which need to be addressed.

Aware of the opportunities and challenges that ICT can provide to sustainable development and the quality of life, since 1998, Tunisia, for its part, proposed holding the World Summit on the Information Society and hosted its second phase in November 2005. The Summit adopted important outcomes, namely, the Declaration of Principles, the Geneva Plan of Action, the Tunis Commitment and the Tunis Agenda for the Information Society. Furthermore, on behalf of the President of the General Assembly, we had the honour to co-facilitate, along with Finland, the consultations on the modalities for the next overall review by the General Assembly of the implementation of the outcomes of the World Summit on the Information Society.

Finally, let me add that Tunisia stands ready to share its input and lessons learned with regard to ICT as we move forward in the process of the overall review next year.

The Acting President: We have heard the last speaker in explanation of vote.

I would like to express my sincere thanks to His Excellency Jarmo Viinanen, former Permanent Representative of Finland, and His Excellency Mohamed Khaled Khiari, Permanent Representative of Tunisia, who so ably and patiently conducted the discussions and complex negotiations in the informal consultations. I am sure that members of the Assembly will join me in extending to them our sincere appreciation.

I give the floor to the observer of the European Union.

Mr. Mayr-Harting (European Union): I have the honour to deliver this statement on behalf of the European Union and its member States. At the outset, we wish to thank the Permanent Representatives of Finland and Tunisia for their tireless efforts in facilitating a consensual outcome on the modalities for the overall review of the World Summit on the Information Society.

The European Union and its member States remain strongly committed to information and communication technology (ICT) for development. We attach great importance to the fundamental aim of the World Summit on the Information Society to use technology to improve peoples' lives and to bridge the digital divide. The Tunis Agenda recognized the growing role of ICTs not only as a medium of communication, but also as a development enabler and as a tool for the achievement of the internationally agreed development goals and objectives, including the Millennium Development Goals.

As we look forward to the high-level meeting in December 2015, we would like to underline the importance that the European Union and its member States attach to the multi-stakeholder model of Internet governance, ensuring accountability, transparency and independence from special interests. Ensuring active and meaningful participation, inputs and engagement by all stakeholders — both in the preparatory process and at the high-level meeting itself — are key concerns for us. We hope that the forthcoming review will take full account of the 10-year review facilitated by the International Telecommunication Union in June 2014, as well as the event hosted by UNESCO in February 2013.

The World Summit on the Information Society affirmed the potential of information and communication technology to promote economic and social growth and development, and we look forward to engaging constructively with the Review.

The Acting President: The General Assembly has thus concluded this stage of its consideration of agenda item 16.

Agenda item 33 (*continued*)

Prevention of armed conflict

(b) Strengthening the role of mediation in the peaceful settlement of disputes, conflict prevention and resolution

Draft resolution (A/68/L.55)

The Acting President: Members will recall that the General Assembly held the debate on sub-item (b) of agenda item 33 and adopted resolution 68/262 at its 80th plenary meeting on 27 March 2014.

I now give the floor to the representative of Turkey to introduce draft resolution A/68/L.55.

Mr. Çevik (Turkey): I have the honour to present draft resolution A/68/L.55, entitled "Strengthening the role of mediation in the peaceful settlement of disputes, conflict prevention and resolution", on behalf of the Group of Friends of Mediation. The Group of Friends of Mediation was established in 2010. It is co-chaired by Turkey and Finland and currently consists of 39 Member States and eight international and regional organizations, with a total of 47 members.

It is no coincidence that the draft resolution will be the third draft resolution initiated by the Friends of Mediation, to be adopted by the General Assembly. The Friends of Mediation are convinced that mediation is a key United Nations Charter instrument, relevant to all stages of the conflict cycle, from prevention to resolution to the implementation of agreed outcomes. The Friends of Mediation endeavour to promote the optimization of its use.

We believe that mediation draws its strength from being consent-based and helps to save precious lives and resources and to reduce human suffering, thereby creating conditions conducive to lasting peace and paving the way for sustainable development. Such qualities become even more relevant at this juncture where the international community is increasingly challenged with conflicts and disputes in many regions of the world.

In 2011, this body adopted, by consensus, its first-ever resolution on mediation, resolution 65/283, which was a comprehensive resolution on mediation. In 2012, a second resolution — resolution 66/291 — was adopted, requesting the General Assembly to reconsider the issue at its current, sixthy-eighth session. The first resolution addressed the normative framework of mediation, by taking up many related aspects, including principles, the provision of resources, the strengthening of capacities, enhancing the role of women and promoting cooperation with regional and subregional arrangements.

This time, the Group of Friends of Mediation decided to develop one of those aspects as the theme of the draft resolution, namely, regional and subregional organizations. Regional and subregional organizations have an important role to play in mediation. To highlight their added value, I will quote from the draft resolution:

> "[R]egional and subregional organizations can benefit mediation efforts with their specific approaches stemming from their geographic, cultural and historical proximity to, as well as information about, specific local conflict situations within their mandates, and contribute to the prevention and resolution of such conflicts".

Indeed, there are many past and recent examples where regional and subregional organizations played a key role, either by leading or supporting mediation processes. However, for regional and subregional organizations to play this role, they must possess the necessary mandates and capacities. Without such capacities, their role can only be limited, especially taking into account the increasing professionalization of the field of mediation. The draft resolution seeks to encourage building such capacities.

In that context, we would like to underscore the efforts of many regional and subregional organizations to build their mediation, conflict-prevention and conflict-resolution capacities, including the African Union, the Association of Southeast Asian Nations, the European Union, the League of Arab States, the Organization for Security and Cooperation in Europe, the Organization of American States and the Organization of Islamic Cooperation, which are members of the Group of Friends of Mediation. We also commend the other organizations, including the African subregional organizations, for being in the process of building or having built similar capacities, which is duly reflected in the draft resolution.

As the first resolution on mediation highlighted, there is a need to enhance cooperation and coordination between regional and subregional organizations and the United Nations. The Department of Political Affairs has reported that it has worked together with such organizations in over 70 per cent of its mediation engagements in 2013. We believe that the interaction deserves to be further promoted and strengthened in order to achieve more effective results in mediation efforts, thereby contributing to global peace and security. Therefore, through the draft resolution, the Group of Friends of Mediation has sought to promote the strengthening of such partnerships and cooperation between those organizations and the United Nations, including the Secretariat, the General Assembly and the Security Council, as well as with other relevant actors involved in mediation.

We wish to underscore that the draft resolution does not have a particular focus on a specific conflict or mediation process, but that its approach is purely thematic. Its intention, as in the previous resolutions on mediation, is to contribute to the normative framework. Overall, the draft resolution seeks to promote and optimize the use of Chapters VI and VIII of the Charter of the United Nations. Other elements contained in the draft resolution will be summarized by the representative of Finland, who will also be speaking in his capacity as facilitator, after the adoption.

We would like to take this opportunity to thank all delegations for their active participation and for the constructive approach and flexibility shown during the negotiation process. We would also like to express our appreciation to the delegations that sponsored the draft resolution.

We also thank the Secretariat, in particular the Mediation Support Unit of the Department of Political Affairs, which has provided us with the necessary information and insight during the preparation and negotiation of the draft resolution.

We now have a draft resolution that, for the first time, has a mediation-specific focus on regional and subregional organizations. We hope that the draft resolution will be utilized to optimize the use of mediation in the peaceful settlement of disputes and conflict prevention and resolution, thereby contributing to sustainable peace, security and stability throughout the world.

The Acting President: The Assembly will now take a decision on draft resolution A/68/L.55, entitled "Strengthening the role of mediation in the peaceful settlement of disputes, conflict prevention and resolution".

I give the floor to the representative of the Secretariat.

Mr. Botnaru (Department for General Assembly and Conference Management): I should like to announce that, since the submission of draft resolution A/68/L.55, in addition to those delegations listed in the document, the following countries have become sponsors: Afghanistan, Australia, Bahrain, Belize, Cameroon, the Dominican Republic, El Salvador, Fiji, France, Guinea, Guyana, Indonesia, Lebanon, Lesotho, Malta, Mongolia, Nigeria, Peru, the Republic of the Congo, the Republic of Moldova, Samoa, Serbia, Timor-Leste, Trinidad and Tobago, and Ukraine.

The Acting President: May I take it that it is the wish of the General Assembly to adopt draft resolution A/68/L.55?

Draft resolution A/68/L.55 was adopted (resolution 68/303).

The Acting President: Before giving the floor to the speakers in explanation of position, may I remind delegations that explanations are limited to 10 minutes and should be made by delegations from their seats.

Mr. Lord (United States of America): The United States is pleased to join the consensus on resolution 68/303, on mediation. We thank those who worked so hard to forge agreement on a final text, particularly the representatives of Turkey and Finland, who acted as the resolution's facilitators.

We want to take this opportunity to reiterate the strong commitment of the United States to mediation as a vital tool for preventing armed conflict and promoting the peaceful settlement of disputes, as well as to underscore the importance of capacity-building in mediation both within the United Nations and at the regional, subregional and national levels.

While welcoming the resolution, we wish to highlight our disappointment at the inclusion of language referencing self-determination and foreign occupation that rests well outside of the scope of the issue at hand.

In spite of those references, the resolution as adopted represents an important step on the road to strengthening one of the most critical functions of the United Nations, while also increasing awareness in the international community of the importance of mediation at the global, regional, subregional and national levels. We must continue building upon the resolution's strong message. In that regard, the United States, through its representatives at the United Nations and as a member of the Group of Friends of Mediation, will continue to work during the sixty-ninth session of the General Assembly and beyond to ensure that progress continues.

Mr. Heumann (Israel): The Charter of the United Nations recognizes the essential role of mediation in the prevention and peaceful resolution of conflicts, and it has the potential to create the conditions necessary to achieve a lasting peace.

It is therefore unfortunate, from our point of view, that sections of resolution 68/303 have been stained by political interests. In particular, Israel objects to the inclusion of inflammatory terminology that is irrelevant to the topic at hand and serves only to single out a single Member State.

Throughout the consultations process, Israel engaged constructively in the negotiations, but certain nations rejected compromise, proving they were more interested in scoring points at Israel's expense than in finding constructive solutions and achieving a text that could be adopted by consensus.

While Israel did not call for a vote on the resolution, it objects to the use of counterproductive terminology. We stress that the terminology should not be incorporated into future resolutions or perceived as agreed language in future negotiations.

Mr. Bonser (Canada): While Canada was an active participant in the negotiations, we feel it is unfortunate that some delegations have chosen to politicize the process by including foreign occupation language that is both inappropriate in resolution 68/303 and does not constructively promote the subject of mediation. However, given the importance of the issue, in a spirit of compromise, Canada joined the consensus on the resolution.

Mr. Mnatsakanyan (Armenia): Armenia recognizes the practical elements in the operative paragraphs of the resolution on strengthening the role of mediation in the peaceful settlement of disputes, conflict prevention and resolution (resolution 68/303). At the same time, we recall that the draft of the resolution at its inception aimed at focusing on the role of regional and subregional organizations in mediation.

We regret to note that the text negotiated prior to adoption eventually fell short of explicitly recognizing certain ongoing mediation activities at the level of regional and subregional organizations, in accordance with agreed mandates. Clearly, credible and effective mediation aims at the peaceful settlement of disputes, conflict prevention and resolution in a way that is based on the United Nations Charter and international law. It cannot be otherwise. The Charter, in turn, underlines, in Article 1, the purpose of the Organization

> "[t]o develop friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, and to take other appropriate measures to strengthen universal peace".

The purposes and principles of the Charter cannot be distorted, limited or conditioned. Each mediation process is specific in nature and deals with distinct situations. It is therefore inevitable that in every particular mediation process there emerges a specific set of proposals to incorporate the principles, elements and measures based on international law that best reflect a reasonable compromise to achieve a durable solution to a given conflict situation.

It is regrettable that the preambular part of today's resolution applies a selective approach to the principles of the peaceful settlement of disputes and conflict prevention and resolution, without regard to differentiation in mediation activities. Mediation in the peaceful settlement of disputes and conflict prevention and resolution is a highly sensitive process. The resolution, however, lacks the degree of sensitivity required in dealing with mediation. Armenia therefore dissociates itself from the consensus and regrets that the text of the resolution does not represent the agreement of all. At the same time, we remain committed to further constructive efforts to eventually achieve a genuine consensus on a future text. Mediation must be based on consent, and so should this resolution.

As mediation activities are of direct relevance to Armenia, I take this opportunity to reiterate our acknowledgment and appreciation of the full support of the international community at large, and of the Secretary-General in particular, for the mediation efforts of the co-Chairs of the Minsk Group of the Organization for Security and Cooperation in Europe — France, the United States and the Russian

Federation. Armenia's commitment to that process remains unwavering.

The Acting President: We have heard the last speaker in explanation of position.

I now give the floor to the representative of Finland, who wishes to make a statement.

Mr. Keisalo (Finland): I would first like to thank all Member States, especially the Group of Friends, for the strong support and constructive spirit they showed during the consultations and negotiations. I would also like to express our gratitude to the Secretariat for its support, as well as to the regional organizations and other partners that have been working with this initiative along the way. I would like to briefly highlight a few points about today's resolution 68/303.

The role of regional organizations in conflict prevention and mediation has grown. The resolution just adopted underlines the important role of regional and subregional organizations in the maintenance of international peace and security, and acknowledges their added value. One of its key elements is the strengthening of partnerships. That means, first, partnerships between the United Nations and regional and subregional organizations; secondly, partnerships among the regional and subregional organizations; and, thirdly, partnerships between international organizations and other actors involved in mediation. This new resolution will enhance those partnerships and mechanisms for cooperation by encouraging the United Nations and regional and subregional organizations to hold dialogues and to exchange views, information and lessons learned. In the increasingly competitive field of mediation, practitioners often call for better coordination, cooperation and coherence. Teamwork is key to effective mediation.

The resolution recognizes the important role of civil society actors and the expertise and capacities of the national and civil society actors involved in mediation activities, and it underlines the importance of cooperation between regional organizations and civil society and of developing mechanisms to that end.

The role of women in the peaceful settlement of disputes, conflict prevention and conflict resolution is vital. The new resolution highlights the importance of women's full and effective participation and encourages the Secretary-General to continue to appoint women as lead mediators and members of mediation teams and to ensure gender expertise.

Political support and adequate resources are essential to the success of mediation and to the implementation of agreed-on outcomes of mediation processes. In that regard, the resolution invites Member States to consider providing sustained political and financial support and expertise. It also seeks to promote capacity-building in mediation and requests the Secretary-General to continue to work with Member States and regional and subregional organizations, including through training events and staff exchanges. Furthermore, regional organizations are invited to appoint mediation focal points.

Lastly, the resolution invites the Secretary-General to submit a report to the General Assembly on cooperation between the United Nations and regional and subregional organizations on mediation, as well as on possible ways to enhance such cooperation.

We are pleased that the new resolution further develops the normative basis and global support structures of mediation. It helps the United Nations, regional organizations and others in their mediation efforts on the ground. It will also once again raise the status of mediation in the United Nations system. The resolution's main sponsors, Finland and Turkey, firmly believe that with it the United Nations will continue to strengthen its role as the global standard-setter for mediation. And while the resolution alone will not prevent or solve any potential or ongoing conflicts, it will certainly add to our capacity to do so if we use it fully.

The Acting President: I now give the floor to the observer of the European Union.

Mr. Mayr-Harting (European Union): I have the honour to speak on behalf of the European Union (EU) and its member States. The candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania; the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina; and the European Free Trade Association country Norway, member of the European Economic Area, as well as Ukraine, align themselves with this statement.

I would like to begin by expressing my particular gratitude to the Permanent Representatives of Finland and Turkey and their Missions for their commitment to mediation and for their efforts in preparing and facilitating this important resolution (resolution 68/303).

The concept of mediation and its actual use in international politics have come a long way. The increasing commitment to using mediation and ever more significant efforts to promote it are developments that we welcome. The resolution adopted today is another milestone on that path.

We have been dedicated supporters of efforts to enhance the use of mediation to prevent conflicts and to end and resolve disputes. This lies at the heart of the work of the European External Action Service, and is also a key component of the European Union's comprehensive approach to conflict prevention, management and resolution, encompassing early warning, early recovery, peacebuilding — including through our Common Security and Defence Policy missions — and long-term sustainable development.

In a presidential statement made in February (S/PRST/2014/4), the Security Council particularly emphasizes the strong cooperation between the European Union and the United Nations in the area of mediation. It welcomes the EU's mediation efforts, including its significant contribution to the economic development and stabilization of the Western Balkans region. It also notes the European Union's efforts to find a comprehensive negotiated solution designed to ensure that Iran's nuclear programme will be exclusively peaceful.

Regional and subregional organizations play a crucial role in the peaceful settlement of conflicts. With their particular regional experience and expertise, they have a profound understanding of the root causes of conflicts and are well suited to contributing to the peaceful resolution of such conflicts. Their involvement also facilitates a multi-stakeholder approach, without which mediation cannot be effective. Inclusivity and the combined strength of various actors in mediation increase the chances of reaching sustainable peace.

The equal and full participation of women in peace processes, as today's resolution rightly recognizes, remains essential in mediation activities. We are also pleased to see that the important role and added value of civil society is again clearly acknowledged.

The European Union remains committed to ensuring that the United Nations, as well as regional and subregional organizations, is well equipped and continues to make contributions to conflict prevention, mediation and sustainable peace. In doing so, we contribute with expertise, as well as political and financial support. The European Union stands ready to respond to the call made through this resolution to further strengthen its cooperation and partnership with the United Nations and other regional and subregional organizations in order to ensure the coherence and complementarity of the efforts of actors involved in a specific mediation context.

At the same time, we have also been actively engaged in developing our own mediation support capacities. The Mediation Support Team of the European External Action Service was established in 2011. It provides rapid operational support and contributes to knowledge management, training and coaching. It has established strong cooperation with the United Nations and regional and subregional organizations with the aim of improving cooperation, coordination, coherence and complementarity.

We are committed to further sharing information, compiling best practices and strengthening the dialogue with other organizations. We welcome and encourage initiatives meant to promote and support a stronger role of mediation at regional and international levels. In that respect, the Spanish/Moroccan Mediation in the Mediterranean Initiative serves as a prime example of the importance of regional initiatives.

It is our shared duty to turn this resolution and commitments set out therein into reality. We will continue to raise awareness of mediation, to build capacities and to use mediation to prevent conflicts more effectively and to help resolve ongoing or future crises in a peaceful manner. We encourage all the relevant actors to promote mediation, build partnerships and share experiences. The coordination of efforts and messages is key. We look forward to continuing these discussions at upcoming General Assembly sessions.

The Acting President: The Assembly has thus concluded this stage of its consideration of sub-item (b) of agenda item 33.

I should like to make the following announcement concerning the General Committee of the General Assembly for the sixty-ninth session.

Members will recall that on 18 June 2014, the following representatives were elected as Chairpersons of the six Main Committees of the General Assembly at its sixty-ninth session and, accordingly, members of the General Committee for that session: for the First Committee, His Excellency Mr. Courtenay Rattray (Jamaica); for the Special Political and Decolonization Committee (Fourth Committee), His Excellency Mr. Durga Prasad Bhattarai (Nepal); for the Second Committee, His Excellency Mr. Sebastiano Cardi (Italy); for the Third Committee, Her Excellency Mrs. Sofia Mesquita Borges (Timor-Leste); for the Fifth Committee, His Excellency Mr. František Ružička (Slovakia); and for the Sixth Committee, His Excellency Mr. Tuvako Nathaniel Manongi (the United Republic of Tanzania). On behalf of the General Assembly, I congratulate the Chairpersons of the six Main Committees for the sixty-ninth session of the General Assembly on their election. Having elected the Chairpersons of the six Main Committees and the 21 Vice-Presidents for the sixty-ninth session of the General Assembly, the General Committee of the General Assembly for the sixty-ninth session has been fully constituted, in accordance with rule 38 of the rules of procedure.

The meeting rose at 11.25 a.m.

United Nations A/68/PV.106

General Assembly

Sixty-eighth session

Official Records

106th plenary meeting

Monday, 8 September 2014, 3 p.m.
New York

President: Mr. Ashe .... (Antigua and Barbuda)

The meeting was called to order at 3 p.m.

Agenda item 123 (*continued*)

Question of equitable representation on and increase in the membership of the Security Council and related matters

The President: Members will recall that the Assembly considered this item jointly with agenda item 29, entitled "Report of the Security Council", at its 46th, 47th, 48th and 49th plenary meetings, on 7 and 8 November 2013. Members will also recall that, pursuant to decision 67/561, of 29 August 2013, the Assembly continued intergovernmental negotiations on Security Council reform in informal plenary meetings during the current session.

In a letter dated 6 August 2014, I circulated for consideration by Member States language for a draft oral decision on this important issue.

May I now therefore take it that the General Assembly decides:

> "To reaffirm the central role of the General Assembly on the question of equitable representation on and increase in the membership of the Security Council and other matters related to the Security Council;
>
> "To immediately continue intergovernmental negotiations on Security Council reform in an informal plenary of the General Assembly at its sixty-ninth session, as mandated by General Assembly decisions 62/557 of 15 September 2008, 63/565 B of 14 September 2009, 64/568 of 13 September 2010, 65/554 of 12 September 2011, 66/566 of 13 September 2012 and 67/561 of 29 August 2013, building on the informal meetings held during its sixty-eighth session, as well as the positions of and proposals made by Member States, while welcoming the active engagement, initiatives and intensive efforts of the President of the General Assembly, and taking note of the previous proposals of the Chair of the intergovernmental negotiations, and noting with appreciation his active role and concrete efforts, including the preparation of the text reflecting the positions of and proposals submitted by Member States, with a view to an early comprehensive reform of the Security Council;
>
> "To convene the Open-ended Working Group on the Question of Equitable Representation on and Increase in the Membership of the Security Council and Other Matters Related to the Security Council during the sixty-ninth session of the General Assembly, if Member States so decide; and, finally,
>
> "To include in the agenda of the sixty-ninth session of the General Assembly an item entitled 'Question of equitable representation on and increase in the membership of the Security Council and other matters related to the Security Council'"?

The draft oral decision was adopted (decision 68/557).

The President: Before giving the floor to speakers in explanation of position, may I remind delegations

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that explanations of position are limited to 10 minutes and should be made by delegations from their seats.

Mr. Yoshikawa (Japan): I have no comment on decision 68/557, which has just been adopted, but as the representative of Japan I would like to take this opportunity to express my sincere gratitude to you, Mr. President, for your leadership. Your genuine efforts to achieve progress on the issue of Security Council reform have led us to concrete results. In October of last year you appointed an advisory group consisting of six Permanent Representatives of Member States, which produced a valuable non-paper that played a useful role in the deliberations of the intergovernmental negotiations. Your leadership helped our Chair of the intergovernmental negotiations, Ambassador Tanin of Afghanistan, to produce an assessment of the negotiations in July.

I would like to highlight the importance of carrying over your achievement to the General Assembly's forthcoming sixty-ninth session, which will be presided over by the former Minister for Foreign Affairs of Uganda, His Excellency Mr. Sam Kutesa. Building on the momentum you have created, Sir, negotiations based on a text should be launched as soon as possible. Let us cooperate with all Member States to that end.

Mr. Cardi (Italy): I would like to join with my Japanese colleague, and no doubt with others, in commending you on the work you have done, Mr. President, and to refer once again, as we have done in previous meetings, to your statement during last year's annual debate on Security Council reform (see A/68/PV.46), when you called for a true negotiating spirit and underlined the need for flexibility and compromise. I would like to quote once again a statement you made during that meeting:

> "Our United Nations is and must remain a place where we collectively reach compromise, a place of accommodation. The essence of the process of negotiations is compromise. Each and every side on that question must make concessions if we are to find an acceptable common ground." (*A/68/PV.46, p. 2*)

The essence of the process of negotiations is compromise. Each and every side on that question must make concessions if we are to find acceptable common ground.

By recalling that the intergovernmental negotiations of this session were productive in some respects and showed some flexibility, compromise and willingness, allow me to recall that Uniting for Consensus is the group that has fully embraced those principles, giving concrete proof of its flexibility and spirit of compromise with two officially submitted reform proposals — one in 2005 and the other in 2009 — to accommodate the legitimate positions of the other negotiating groups.

The process of Security Council reform is crucial to the future of the United Nations. The President of the General Assembly has the vital task of identifying the points of convergence and avoiding points of divergence, while paying due attention to the sensibilities of the whole membership.

Bearing in mind the negotiating spirit that you, Mr. President, called for and which we have followed, Uniting for Consensus will ensure its fullest cooperation with the new President of the General Assembly towards achieving a comprehensive reform of the Security Council.

Mr. Mukerji (India): I would like to explain our position with respect to decision 68/557, which the Assembly has just adopted and which you, Mr. President, very kindly read out for us.

I would like to refer, in that context, to some of the sentiments and words that you, Sir, yourself used in your acceptance speech, in July 2013, on the subject of Security Council reform when you promised to "strive to reinvigorate, advance and ... conclude discussions on the reform" (*A/67/PV.87, p. 4*) of the principal organs of the United Nations. You said that you recognized the odds, but that you would still do so. Later, in your inaugural address, in September 2013, you had said that it was "simply unacceptable to do nothing", that doing nothing would be "an immense disservice to the peoples of the world, who rely on us and look to us with a sense of hope and possibility." (*A/68/PV.1, p. 3*)

Yet you, Mr. President, have today presented us with a decision that is no different from that adopted (decision 67/561) a year ago. Our delegation and a majority of the rest had invested time, energy and resources to assist you in advancing our commonly agreed goal during the sixty-eighth session of the General Assembly.

Ironically, we find that there actually had been progress, most notably in the form of the non-paper prepared under your leadership, Sir. It is in fact the non-paper that provided the structure to the six meetings of the intergovernmental negotiations in which the membership of the General Assembly participated. We are surprised and even dismayed that there has been no reference to the non-paper in the rollover decision presented by you. We will of course draw our own conclusions on why that is so, but your words of last July and September resonate in our minds even today.

In conclusion, I would like to say that we are incurable optimists. We believe that just like the turnstiles that have now been removed at the entrance of our main building, the last obstacles to the negotiation text in the intergovernmental negotiations will be removed under the dynamic visionary leadership of our President-elect, His Excellency Mr. Sam Kutesa, former Foreign Minister of Uganda, and we will have a clear road map to Security Council reform in the sixty-ninth session of the General Assembly.

Mr. Patriota (Brazil): Thank you, Mr. President, for your statement, your leadership and your commitment to move the process forward.

As highlighted in the group of four letter addressed to you, Mr. President, on 15 August, we would like to reaffirm our view that rollover decision 68/557, which was just adopted and is a mere repetition of last year's language, does not recognize your significant legacy nor the efforts of the Chairman Ambassador Zahir Tanin. Your presidency will be remembered as a moment in which the membership advanced towards the goal of reforming the Security Council. The non-paper produced by your team of advisers, in which I had the honour to take part, and endorsed by you, is now a widely recognized tool to frame our discussions. We encourage delegations to use it in the upcoming round of negotiations.

There seems to be a prevailing view among Member States that the Security Council is not responding satisfactorily to specific crises around the world, and a growing sense of frustration arises from a widely perceived dysfunctionality of the body. If we leave things as they are, we run the risk of bringing discredit and erosion of authority to the United Nations in a core area of its mandate. The year 2015 will mark 50 years since the first and only time the Security Council was expanded, and 10 years after the 2005 World Summit, when our leaders unanimously called for an early reform of the Security Council.

As Ambassador Tanin has rightly recognized in his assessment of the current state of play, the seventieth anniversary of the Organization will provide a tremendous opportunity for achieving much-needed reform. It is therefore imperative that, in order to produce tangible results by next year, we start the first meeting of the next round of negotiations with a text on the table.

Mr. Schieb (Germany): I would like to second the points made earlier by the Permanent Representatives of Japan, India and Brazil.

Let me add to that our gratitude to you, Mr. President, and your team for your leadership and genuine efforts to help us achieve long-overdue progress on Security Council reform. We, the group of four countries, took note in our letter to you of 15 August that the rollover decision 68/557 was a mere verbatim repetition of last year's decision 67/561.

It may only be a sign of your modesty, Mr. President, that you did not want to highlight more prominently your personal role and achievements. In our view, however, that does not adequately reflect your valuable contributions. Other speakers have mentioned the advisory group and the non-paper, as well as the Chairman's assessment.

I wish to add to that the strong sense of urgency felt among the majority of Member States that, with the year 2015 fast approaching, we need to recommit ourselves to finally break the deadlock. Against that background, it is even more important that we commence the new round of intergovernmental negotiations as early as possible and on the basis of a genuine negotiation text. I therefore encourage you, Sir, to ensure that the positive momentum that you have created is carried over into the new intergovernmental round.

Mr. Liu Jieyi (China) (*spoke in Chinese*): Oral decision 68/557, which was just adopted by the General Assembly to smoothly carry over the intergovernmental negotiations to the next session, reflects the common interest and a general consensus of Member States.

During the intergovernmental negotiations at this session, Member States had extensive and in-depth exchanges of views with regard to the reform of the Security Council. It is regrettable that views on reform diverge significantly. Our next step should be to engage in democratic and extensive consultations so as to meet each other halfway, work to build consensus, seek a comprehensive solution and reach the broadest possible agreement, while taking into consideration the concerns and interests of all parties.

We hope to work with other Member States to find a solution to the issue of comprehensive reform that is in the common interests of all Member States and beneficial to the long-term interests of the Organization.

Ms. Mejía Velez (Columbia) (*spoke in Spanish*): I would like to begin by thanking you, Mr. President, for having convened this meeting of the General Assembly on the "Question of equitable representation on and increase in the membership of the Security Council and related matters". As Ambassador Cardi of Italy did on behalf of the members of the Uniting for Consensus group, I also would like to express my delegation's gratitude for your work during the tenth round of negotiations on this agenda item. I am expecially grateful for your call, Sir, for genuine negotiations with flexibility and willingness in considering the various views, as United for Consensus has done.

We should like to reiterate the positive and open outlook of our group, which put forward two previous reform proposals, in 2005 and 2009, that took into account the proposals from the various groups. You, Sir, can always count on our support to cooperate and to bring about the reform that the international community so needs.

Mr. Pankin (Russian Federation) (*spoke in Russian*): We would like to join the positive assessments of your efforts, Sir, as the President of the General Assembly at its sixty-eighth session. In particular, we would like to thank you for preparing the draft of decision 68/557, which was just adopted as an oral decision. It will help to open up the path towards reform of the Security Council at the sixty-ninth session of the General Assembly without excessive politicization or the creation of new dividing lines among the participants of the intergovernmental negotiations on Security Council reform.

The current session of rounds on reform of the Security Council was interesting, but it confirmed that we have not yet reached convergence on a universal reform that allows us for the broadest possible support. Clearly, given the great political significance of Security Council reform, there is a need to continue this search for such a reform decision, which would make it possible to achieve, if not consensus, then at least the support of a far broader number of Member States than the formal necessary two thirds of the majority of the General Assembly. Such work needs to be carried out calmly, transparently and inclusively, without establishing any artificial time frames.

Mr. Masood Khan (Pakistan): Pakistan aligns itself with the statement made by the Permanent Representative of Italy on behalf of the Uniting for Consensus group.

Today under your leadership, Sir, the General Assembly has taken a prudent and wise decision. We too pay tribute to you for playing a dynamic role in trying to break the long-standing impasse on Security Council reform. You took initiatives, but you also very wisely recognized the political realities on the ground.

Intergovernmental negotiation is a membership-driven process, based on positions and proposals of Member States and groups. The process has to be pursued in good faith and in an open, inclusive and transparent manner, with the objective of seeking a solution that can garner the widest possible political acceptance by Member States. That be achieved only through flexibility based on respect for a difference of opinion. We must also remain mindful of the fact that this particular agenda item relates equally to the increase in the membership of the Security Council and to equitable representation.

The objective of the intergovernmental negotiations therefore remains a comprehensive reform of the Security Council through a negotiated solution that corresponds to the interests of all Members. That overarching objective cannot be made subservient to individual aspirations.

We believe that, as we lay out down the basis of our next work for next year, we must begin with a spirit of compromise and flexibility. Any divisiveness at this stage will not be helpful for our future work. Next year let us work together as one body. We should start talking to each other instead of talking past each other.

Finally, we look forward to working under the able leadership of the incoming President of the General Assembly.

Mr. Beck (Solomon Islands): We would join others in commending you, Mr. President, on your leadership on this particularly important subject. We would like to recognize the momentum that you have built in terms of moving the negotiations forward on this particular matter. We sincerely hope that we will move into the next session with a common interpretation and understanding that we will build on the work that you have done.

You, Sir, have more or less created momentum in terms of the non-paper. We continue to feel that it should filter into the next session. We hope that, with this understanding, we can all agree on moving forward in our work to make progress with regard to our multilateral principal organ.

The President: We have heard the last speaker in explanation of position. Let me thank all those who took the time. I also welcome all the comments that have been made, some of which were extremely pointed. In fact, I recall hearing some of the words I spoke a very long time ago attributed to me in case I forgot — which is probably not the case. I could not help but reflect on the literary figure of Don Quixote, and thinking that maybe I was tilting at windmills way back when.

We have come to the end of another round of meetings, the tenth so far of our intergovernmental negotiations on agenda item 123, entitled "Question of equitable representation on and increase in the membership of the Security Council and related matters". As is usually the case on such occasions, we can and should assess where we are, and, I hope, dare to wish for a far more productive future.

Member States will recall that on my election as President of the General Assembly at its sixty-eighth session, in July 2013, I indicated (see A/67/PV.87) that I would seek to advance discussions on reform of the Organization's principal organs, including the Security Council. In taking up that issue, members will recall the procedural morass — I dare say, mistrust — that served as a backdrop. There was a great need for a fresh approach due in part to the fact that the sixty-seventh session had ended without any clear indication of the next steps in the important question of Security Council reform. Amid that challenging context, I held a wide variety of consultations with the Member States in order to ascertain the state of thinking on the question of Security Council reform, with no illusions whatsoever concerning the magnitude and complexity of the task.

Accordingly, I set about taking practical steps beginning with the designation of a member of my Cabinet, Ambassador Noel Sinclair, my Deputy Chef de Cabinet, to serve as a focal point for the Member States on this agenda item. I subsequently composed an advisory group of Permanent Representatives from six Member States, whose membership, in my view, reflected the various opinions on this matter, and whose sole task was to provide me with clear-cut advice on possible next steps.

That advisory group produced a report in the form of a non-paper which, in keeping with my pledge of transparency, I distributed immediately to Member States. A memorandum from one member of the group who wished to separate himself from the outcome and the process undertaken to reach it was included with that report.

The views on the non-paper are clearly mixed, but I am thankful to Member States that see some merit in the document in the context of the continuing work of the intergovernmental negotiations on the basis of decision 62/557. That document remains in the possession of Member States. Again, in a pledge of transparency, I wish to inform members that it is my intent to communicate the non-paper to my successor for his consideration.

Most recently, the Chair of the intergovernmental negotiations, Ambassador Tanin of Afghanistan, to whom I wish to convey my thanks and appreciation, provided, at my request, his written assessment of the round in the larger context of the overall engagement on the question of Security Council reform. Again, that assessment was made available to Member States. I hope that they find it useful in future sessions of the negotiations. I also wish to inform Member States that it is my intent to convey that assessment to my successor for his consideration.

In my view, Ambassador Tanin's assessment underscores the complexity and sensitivity of the process of Security Council reform. It would be foolhardy of us to underestimate the challenges inherent in any future negotiations on that issue. Yet it should not be one from which we shy away. For if we are serious about Security Council reform, we must be able to face those challenges and agree on a process that will allow for a good-faith exchange of views in a spirit of give-and-take and with a shared determination to achieve results that are generally acceptable to all sides. Given the magnitude of the task, that must be both a collective as well as a timely endeavour.

I sincerely hope that the conclusions that we have arrived at during the sixty-eighth session have given renewed momentum to the work of the intergovernmental negotiations. I also believe that Member States owe it to themselves to ensure that the progress achieved so far is not halted or reversed. I urge them to capitalize on that progress so as to ensure that it represents a basis for the continuation of their endeavours during the sixty-ninth session, with a view to achieving the ultimate goal of starting the process of negotiations. When all is said and done, negotiations remain the only viable framework in which Member States can make the necessary accommodations among the differences in their various positions. I therefore urge members to arrive at that collective decision sooner rather than later.

Similarly, it goes without saying that, for any negotiations, a basic text on which there is sufficiently broad but not necessarily universal agreement to proceed should be the desired goal. In keeping with the intergovernmental nature of Security Council reform process, it is, of course, the responsibility of Member States, and theirs alone, to determine what that text is.

In the spirit of the foregoing considerations, we have adopted the carry-over decision 68/557, which, in my humble opinion, clears the way for a smooth and uneventful start to the work of building on what has so far been achieved. It is a decision that is scrupulously devoid of any elements that might be considered prejudicial to any side in those negotiations.

That decision, I believe, was necessary. I wish all success to my successor, the President of the General Assembly at its sixty-ninth session, as he continues the process. I hope that it will be endowed with special importance.

I now give the floor to the representative of Algeria on a point of order.

Mr. Moktefi (Algeria) (*spoke in French*): I apologize in advance for taking the floor. It was not expected but my delegation was compelled to respond following your statement, Mr. President. Before sharing my point of view, like the speakers before me, allow me to thank you, Sir, for all your efforts in trying to move forward the Security Council reform process.

However, my delegation would like to recall that decision 68/557, adopted by consensus, is a similar text to that of last year and does not include a reference to any document. Nevertheless, in your statement, Mr. President, you expressed your intention to submit to the next President of the General Assembly two documents, namely, the non-paper of the advisory group and the assessment made by the Chair of the intergovernmental negotiations. In that regard, my delegation wishes to recall that there is no consensus on the issue and that the two documents reflect the divergent positions of Member States of the issue of reform. Let that be clear. That is a clarification from the Algerian delegation.

The President: May I take it that it is the wish of the Assembly to conclude its consideration of agenda item 123?

It was so decided.

The meeting rose at 3.35 p.m.